

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mrs Elizabeth Avery		Town Hagerstown		County Washington		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		June 1		68		2 25	
Sex Female		Color or Race White		Birth- place Md			
Occupation House work		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife Husband Jacob P Early					
Father's Name John Early		Father's Birthplace Md					
Mother's Maiden Name Elizabeth Marker		Mother's Birthplace Md					
Name of person giving In formation Mrs Noah Myers		How related to deceased Daughter					

CAUSES OF DEATH

104

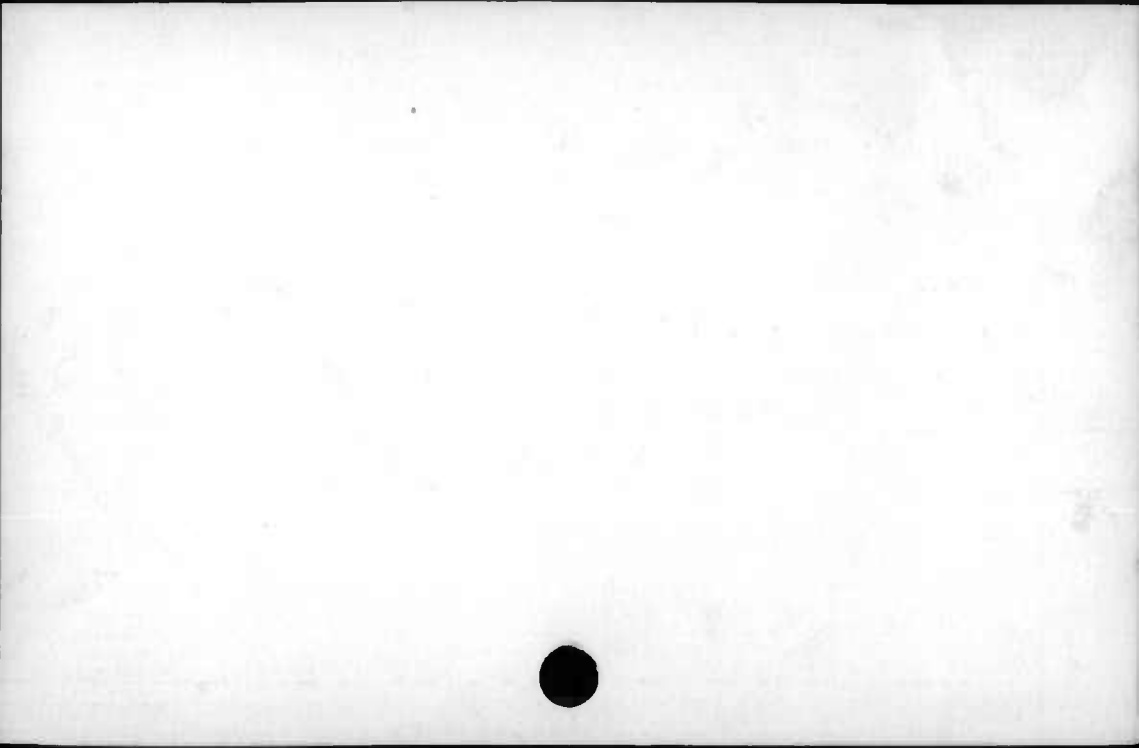
PHYSICIAN
OR CORONER

Primary	Chronic gastritis	How long	Several years
Immediate	Exhaustion	How long	Six weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		O. E. O. Bagan	
		Address Hagerstown Md	
Accident or Suicide?			
No			

Leopoldine
Shopskane

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		County		MARYLAND
	Town		Washington		
	Date of death	1907	Month	June	Day
	27	Age	54	Years	Months
	—	Days	—		
	Sex	Female	Color or Race	White	Birthplace
	Occupation	House-keeper	Where Residing if not at place of death	Maryland	
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Single	Name of Wife or Husband		
	Father's Name	Jacob Bowman	Father's Birthplace	Maryland	
	Mother's Maiden Name	Ruth Anne Young	Mother's Birthplace	Pennsylvania	
	Name of person giving information	Uriea Bowman	How related to deceased	Brother	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Cerebral Apoplexy.	How long	Sudden.	
	Immediate	Hemorrhage, Shock	How long	24 hours	
	Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	J. Hubert Wade M.D.	
			Address	Baltimore, Maryland	
	Accident or Suicide?	No.			

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Alberta Bullett

MARYLAND

Died at ^{Town} Hagerstown^{County} Washington

Date

of death 1904

Month

6

Day

17

Age

Years

36

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

W. Va.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rector Woodfork

Father's
Name

Adam Bullett

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Louisa West

Mother's
Birthplace

W. Va.

Name of person giving
In formation

Baker W. Bullett

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pneumonia (116)

How long

2 weeks

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Preston Miller

Address

Hagerstown

and

Accident or Suicide?

Bunker Hill N. Va

6/19/07

Name in Full Irene Butts		CERTIFICATE OF DEATH	
Died at Bridgeport <small>Town</small>		Walden <small>County</small>	
Date of death 1907 <small>Month</small> 6 <small>Day</small> 3		Walden <small>Years</small> 3 <small>Months</small> 3 <small>Days</small> —	
Sex Female		Color or Race White	
Occupation Child		Birthplace md	
Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Ernest Butts		Father's Birthplace md	
Mother's Maiden Name Nettie Baker		Mother's Birthplace md	
Name of person giving information Ernest Butts		How related to deceased Father	
CAUSES OF DEATH			
Primary Marasmus		How long One month	
Immediate Convulsion		How long One day	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S W Winstot MD	
		Address Hagerstown md	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W. J. P. M.
Rose Hill

June 8/07

Name
in
Full

Buriah Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

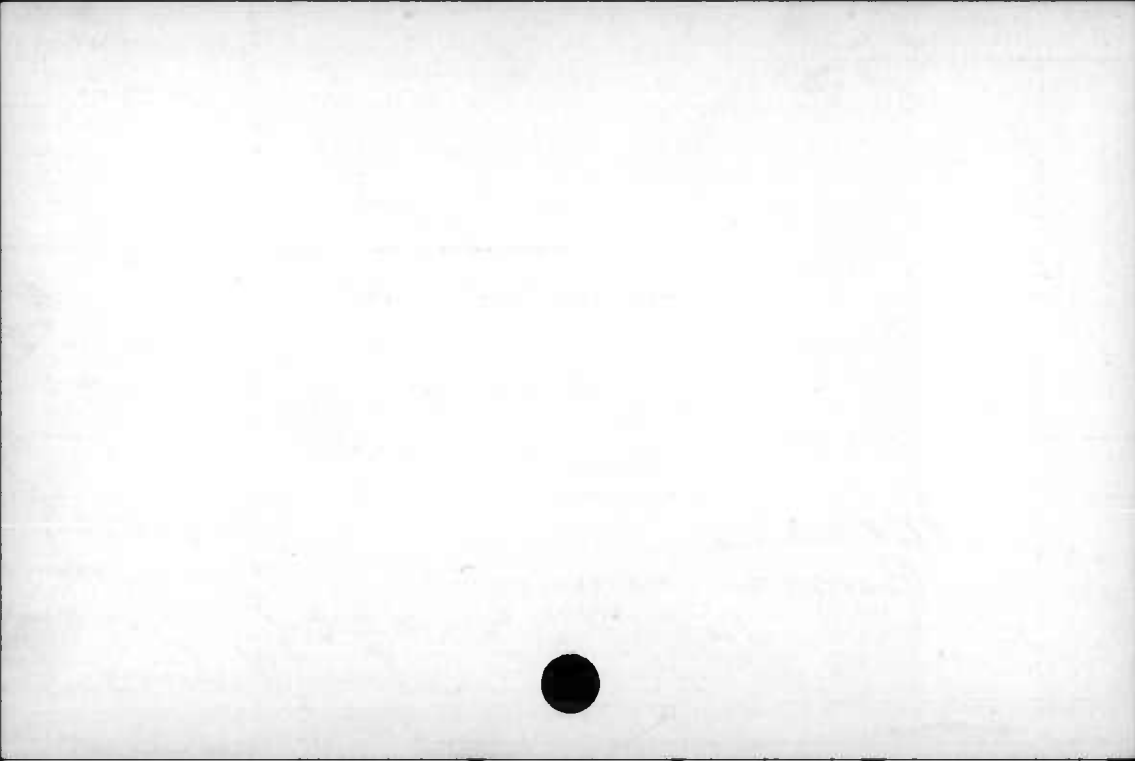
Died at <i>Smithsburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>11</i>	Age <i>96</i>	Years <i>8</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Hannary</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Smithsburg</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John D. Castle</i>			Father's Birthplace <i>Hannary</i>		
Mother's Maiden Name <i>Hanna Lewis</i>			Mother's Birthplace <i>Foxville</i>		
Name of person giving information <i>John D. Castle</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

16

PHYSICIAN
OR CORONER

Primary <i>Measels</i>	How long <i>over week</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>over week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. D. Kefauver</i>
	Address <i>Smithsburg</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

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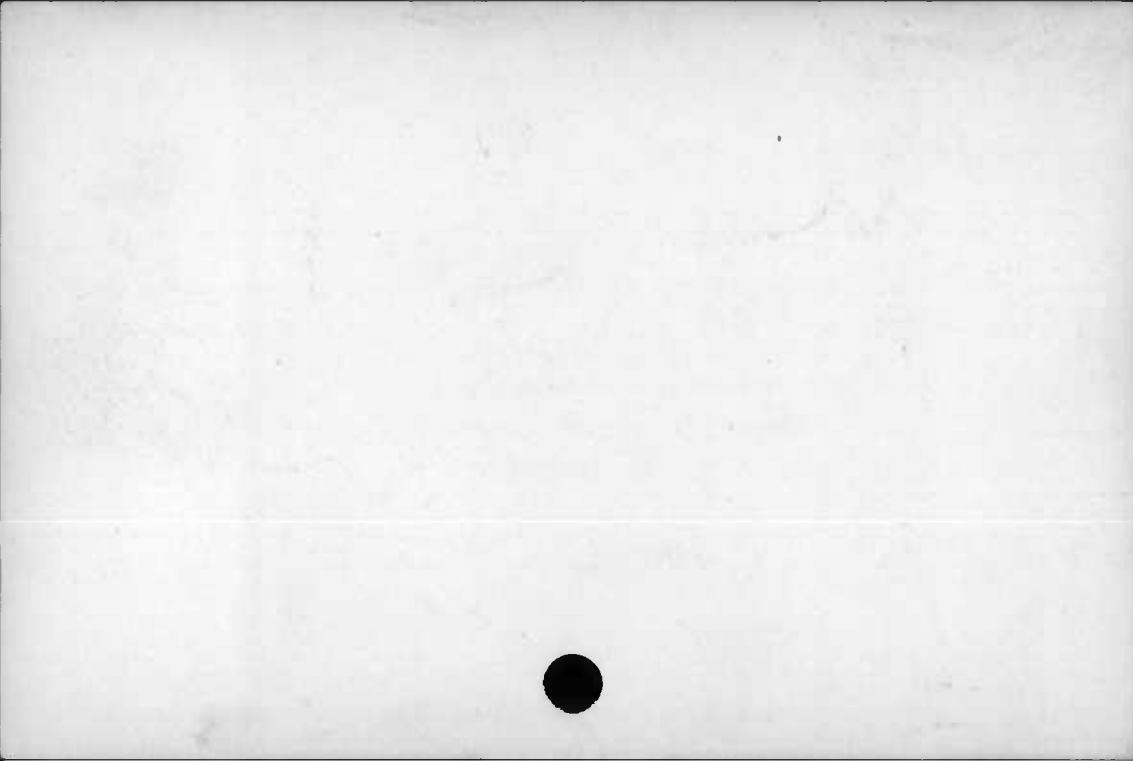
Trey, Ellen, Castle

Died at <i>Smithsburg</i>		County <i>Hashi.</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1907</i>	<i>6</i>	<i>10</i>	<i>18</i>	<i>1</i>	<i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harmany</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Smithsburg</i>				
Married, Single or Widowed	Name of Wife or Husband <i>None</i>				
Father's Name <i>John Castle</i>	Father's Birthplace <i>Harmany</i>				
Mother's Maiden Name <i>Hanna Lewis</i>	Mother's Birthplace <i>Foxville</i>				
Name of person giving information <i>John Castle</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measels</i>	How long <i>6</i>
Immediate <i>Bronchi Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. D. Kefauver</i>
	Address <i>Smithsburg Md.</i>
<u>Accident or Suicide?</u>	



Name
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CERTIFICATE OF DEATH

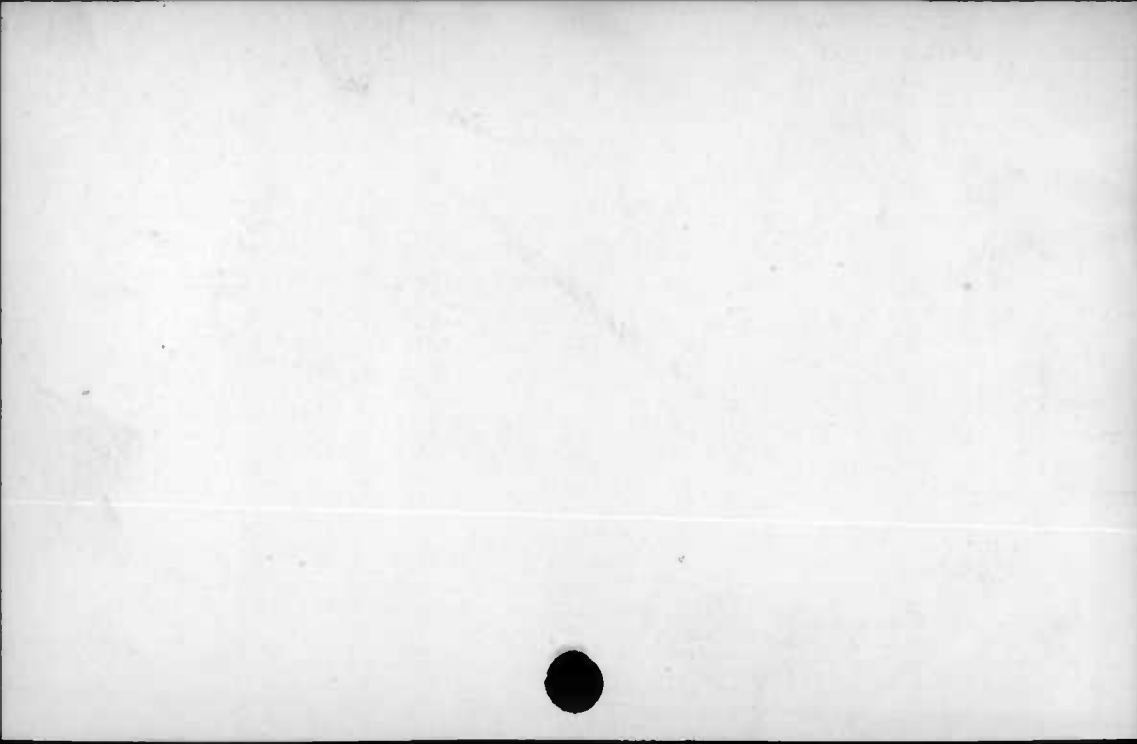
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leitersburg</i>		Town <i>Leitersburg</i>		County <i>Washi.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>6</i>	Day <i>5</i>	Age <i>—</i>		Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Leitersburg</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Charles</i>				Father's Birthplace <i>Lebanon Spring</i>			
Mother's Maiden Name <i>Nittie Lewis</i>				Mother's Birthplace <i>Leitersburg</i>			
Name of person giving information <i>Samuel Charles</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>(S)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wishard</i>	
		Address <i>Leitersburg Md.</i>	
Accident or Suicide?			



Name
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Emanuel W. Chrissinger

CERTIFICATE OF DEATH

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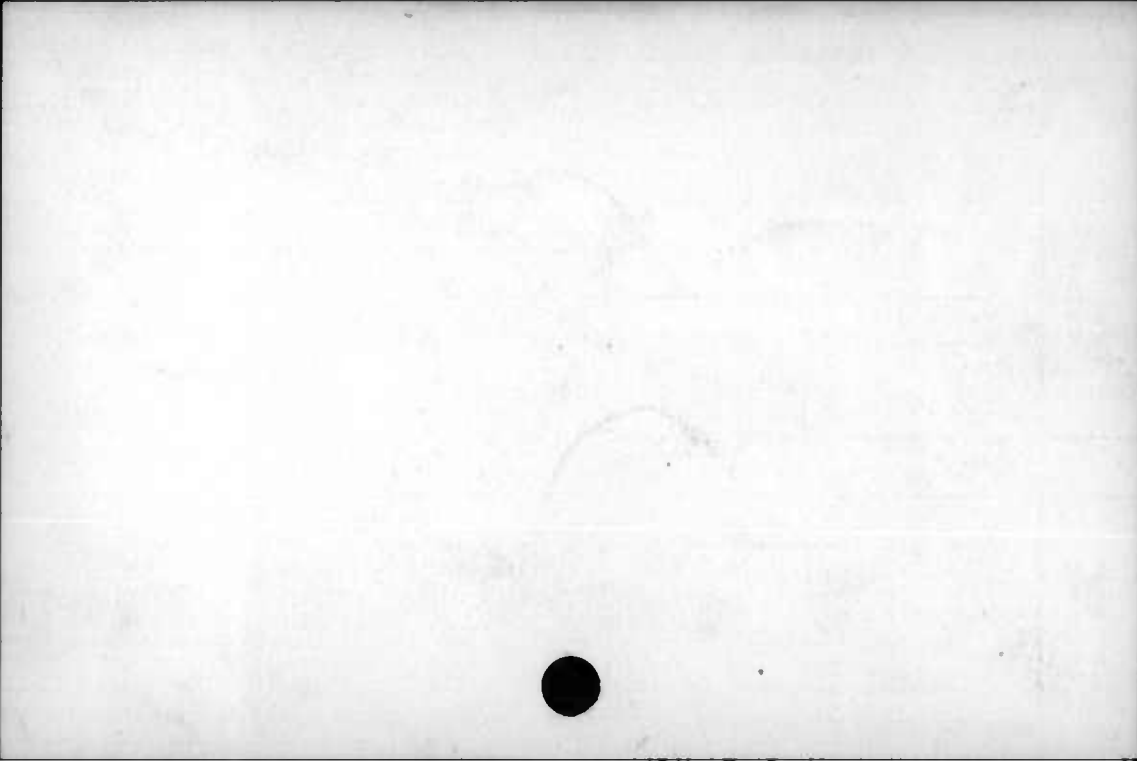
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		6	11	59			
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Slovenator		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband Emma Chrissinger				
Father's Name	Emanuel Chrissinger			Father's Birthplace	Md.		
Mother's Maiden Name	Rebecca Fife			Mother's Birthplace	"		
Name of person giving information	Mrs E. W. Chrissinger			How related to deceased	wife		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Heart Disease	How long	18 months
Immediate	Heart Failure	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. R. Schuen	
Address		Hagerstown Md	
Accident or Suicide?		No	



Name
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NEAREST FRIEND

Died at <i>Tilghmanston</i> Town <i>Washington</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>4</i>	Age <i>49</i> Years Months <i>8</i> Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Spring Grove</i>	
Occupation <i>Laborer</i>	Where Residing <i>not at place of death</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ivollie Dargher</i>		
Father's Name <i>James Dargher</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Margaret Palmer</i>	Mother's Birthplace <i>Fairplay</i>		
Name of person giving information <i>Ivollie Dargher</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	(27)	How long <i>Do not know</i>
Immediate <i>Tuberculosis</i>		How long <i>I saw him but a few times</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. H. Gardner</i>	Address <i>Charleston Md</i>
Accident or Suicide?		

Dr. A. S. Gardner.
Sharpsburg, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary E Homer* Town *Sharpsburg* County *Harrison* Maryland
Died at *Sharpsburg*
Date of death *1907* Month *6* Day *23* Age *71* Years Months *5* Days *17*
Sex *Female* Color or Race *White* Birthplace *Sharpsburg*
Occupation *None* Where Residing if not at place of death *Sharpsburg*
Married, Single or Widowed *Single* Name of Wife or Husband *Honey Homer*
Father's Name *Jacob Natz* Father's Birthplace *Don't Know*
Mother's Maiden Name *Elizabeth Homer* Mother's Birthplace *Don't Know*
Name of person giving information *Joseph Homer* How related to deceased *Son*

CAUSES OF DEATH

Accident caused by fall

PHYSICIAN
OR CORONER

Primary *from a buggy, due to horse being*
scared by automobile.
Immediate

179

How long

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*
Death was due to stroke, one shoulder being badly crushed.

Signature of Physician

Address

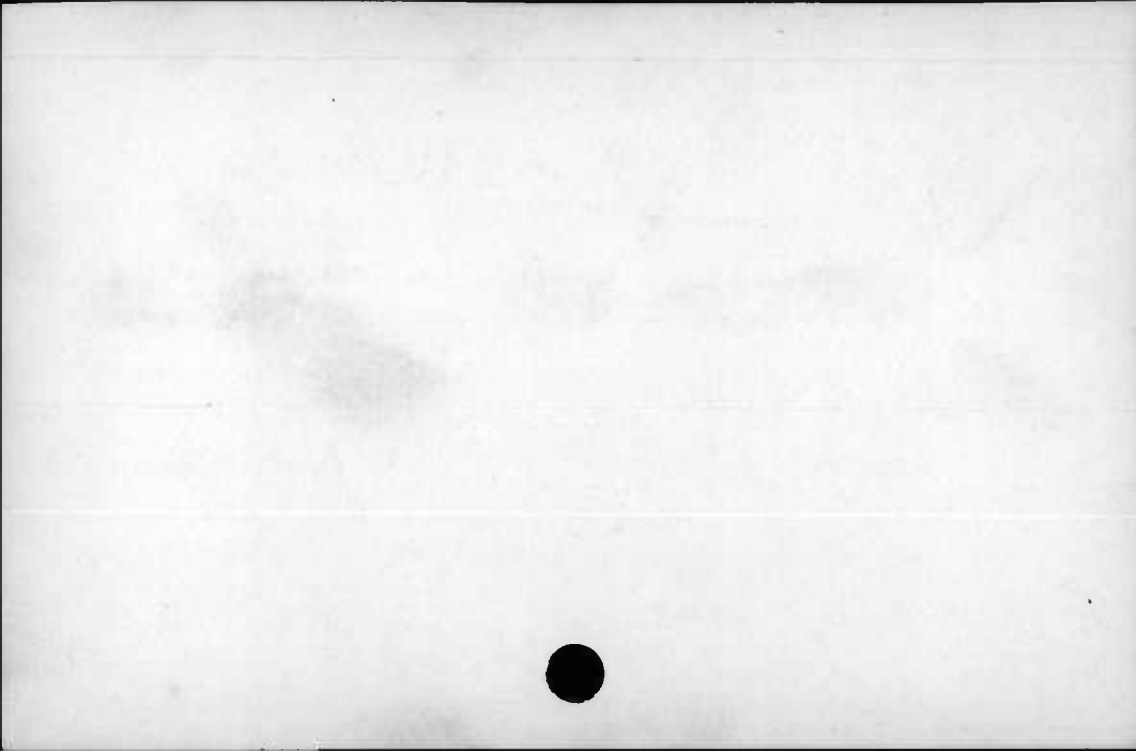
W. H. Everett
Sharpsburg, Md.

Accident or Suicide?

Accident

L E Sumner & Low

Name in Full		Hannah Douglas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		1907	Month	June	Day	28
	Sex		White	Color or Race		Colored	Birth-place
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		
	Father's Name		William Douglas		Father's Birthplace		
	Mother's Maiden Name		Don't know		Mother's Birthplace		
Name of person giving information		A M T B Deane		How related to deceased		None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Valvular (Mitral) Disease			How long	
	Immediate		Asphyxy			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
	Accident or Suicide?					Address	
					Dr. S. S. Davis		
					Bourbon		
					Md		



Name
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Full

Anna Maria Elgin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

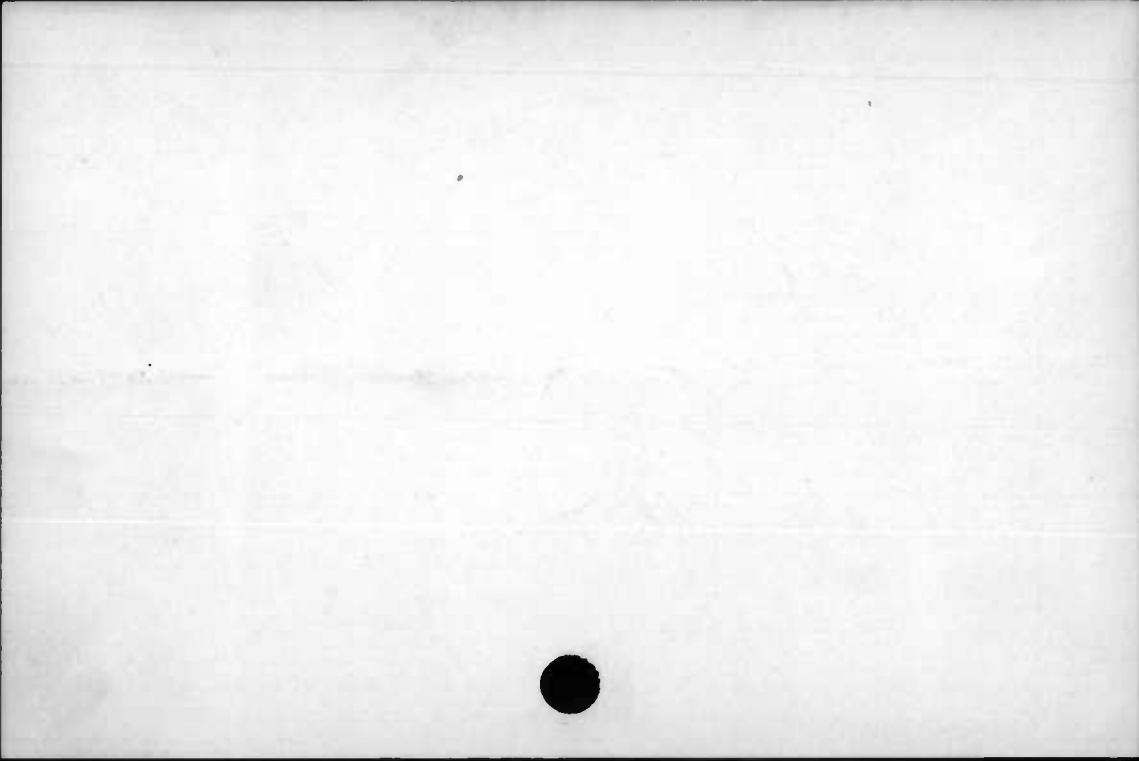
Died at <i>near Sandy Hook</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1907	Month	6	Day	28	Age	72
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Shepherdstown, W. Va.</i>		Months	11
Occupation <i>None</i>		Where Residing if not at place of death		Days		2	
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		<i>James H. Elgin</i>		
Father's Name	<i>John Cameron</i>		Father's Birthplace		<i>Shepherdstown W. Va.</i>		
Mother's Maiden Name	<i>Eastburn</i>		Mother's Birthplace		<i>Montgomery, Md.</i>		
Name of person giving information	<i>Jennie H. Gittings</i>		How related to deceased		<i>Daughter</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease & Dropsy</i>	How long	<i>six years.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Ten days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes,</i>	Signature of Physician	<i>B. B. Ranson</i>
		Address	<i>Harpers Ferry W. Va.</i>
Accident or Suicide? <input type="checkbox"/>			



Name

in
Full

Hazel Viola Forsythe

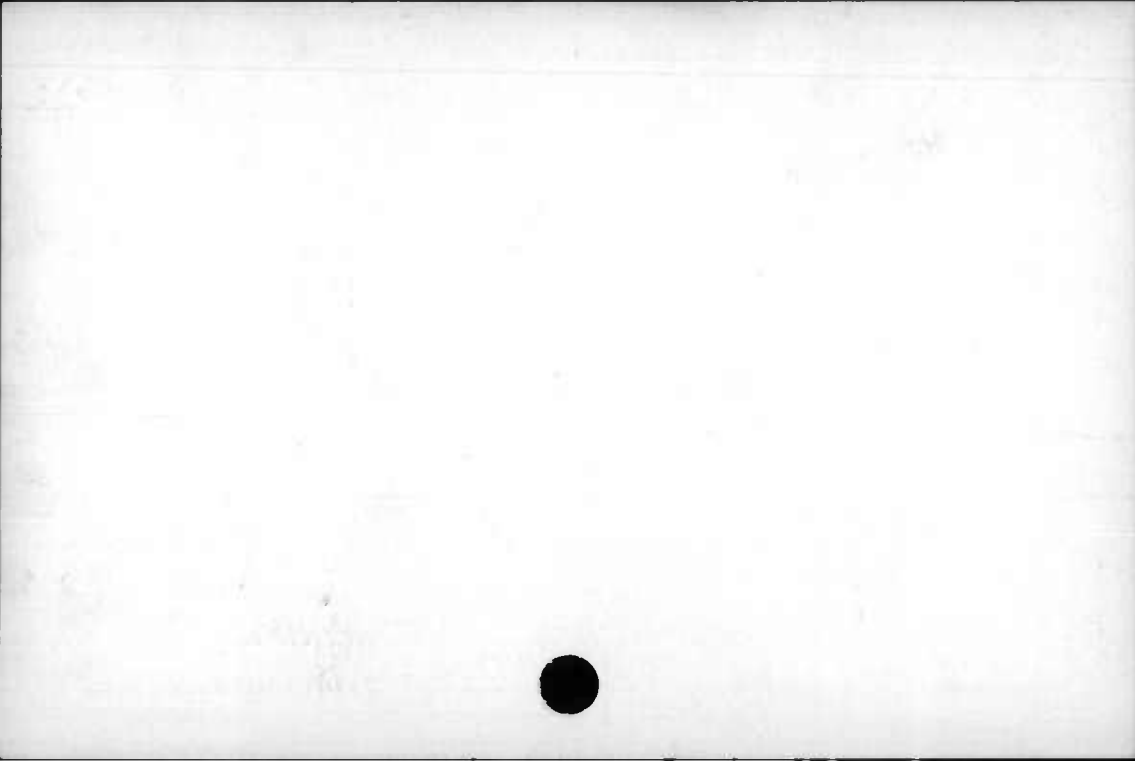
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Milsow Dist		County Wash		MARYLAND	
Date of death		Month 7 June	Day 21	Age One	Years	Months 1	Days 14
Sex Female		Color or Race White		Birth-place Milsow			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Andrew J. Forsythe		Father's Birthplace Md					
Mother's Maiden Name Mary Snyder		Mother's Birthplace "					
Name of person giving information Father		How related to deceased					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Hepatitis	(114)	How long	7 days
	Immediate	Exhaustion		How long	Gradual
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. P. Perry	
				Address Clearspring	
Accident or Suicide?					



Name
in
Full

Margaret Amelia Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Hagerstown*County *Washington*

MARYLAND

Date
of death *1907*Month
*June*Day
23

Age

Years

*74*Months
*9*Days
6

Sex

*Female*Color or
Race*White*Birth-
place*Germany*

Occupation

*Housekeeper*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*George F. Harris*Father's
NameFather's
Birthplace*Germany*Mother's
Maiden NameMother's
Birthplace*Germany*Name of person giving
In formation*Ellen Esenberger*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Smiling

How long

154
201 yrs

Immediate

How long

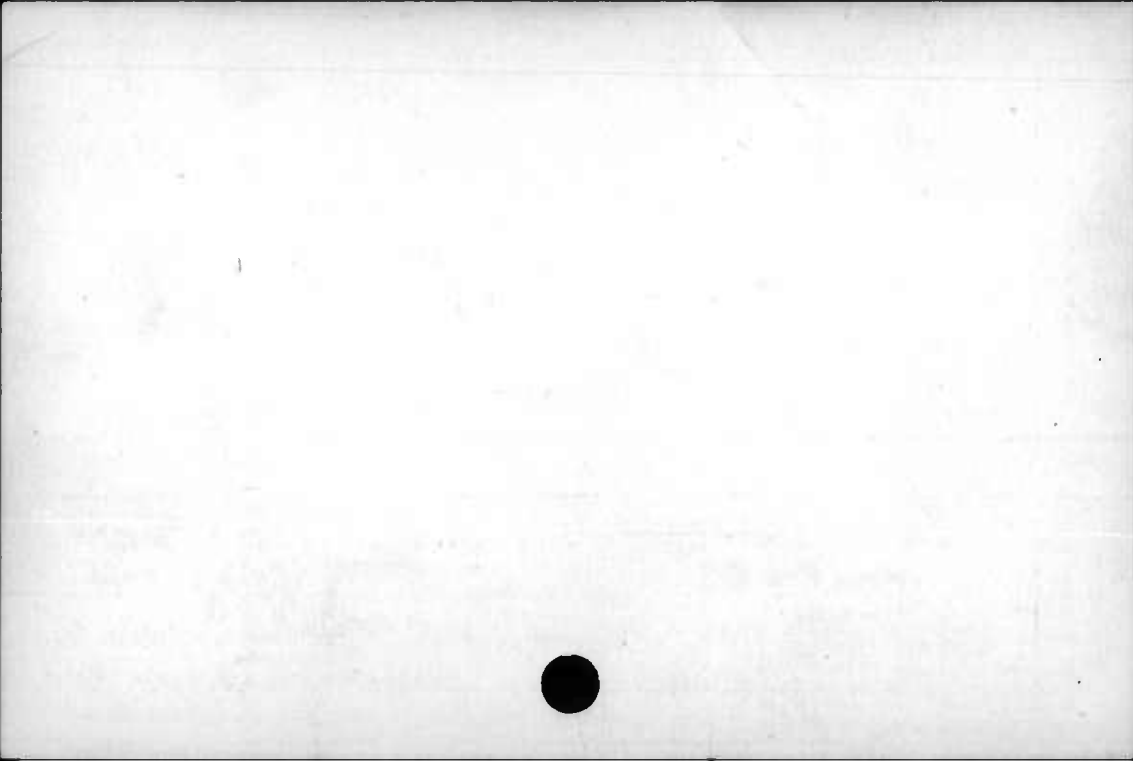
*a few days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. Preston Miller*

Address

Hagerstown

Accident or Suicide?

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

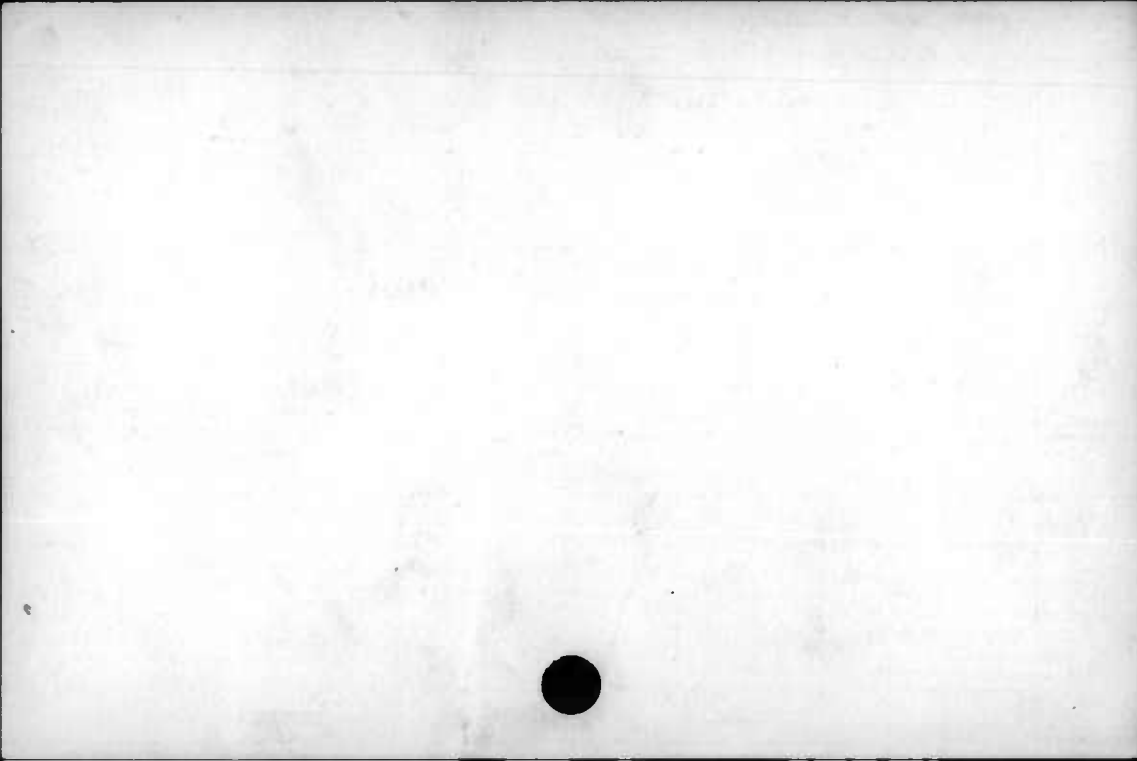
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Danversville</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>25</i>	Age <i>36</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Danversville Md</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Gilbert</i>				
Father's Name <i>Michael Gower</i>	Father's Birthplace <i>Beaver Creek Md</i>		Mother's Birthplace <i>Hagerstown Md</i>		
Mother's Maiden Name <i>Sauvise Gower</i>	Name of person giving information <i>Myself</i>		How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Two years</i>
Immediate <i>Prostration</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. B. Richardson</i>
	Address <i>Williamsport Md</i>
Accident or Suicide? <i>No.</i>	



TO BE ANSWERED BY
NEAREST FRIEND

Bulah Hahn

CERTIFICATE OF DEATH

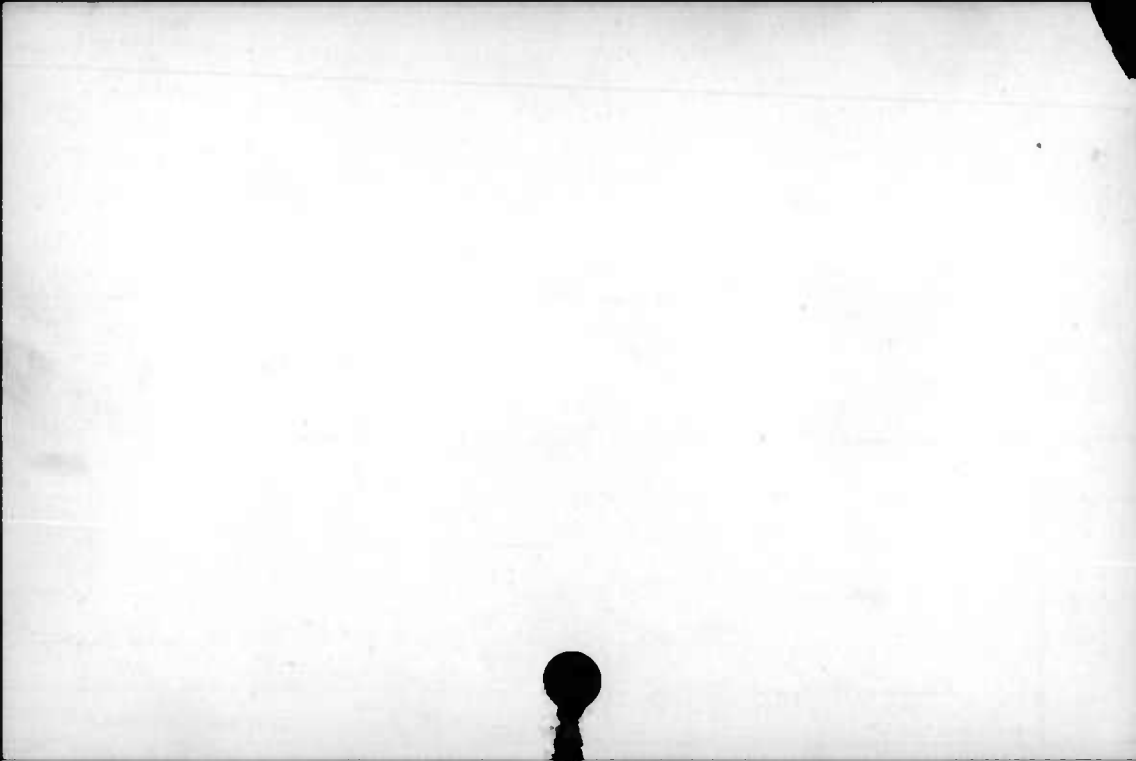
Died at <i>Near Edgemont</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>2</i>	Age <i>1</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Edgemont</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Geo. Cleveland Hahn</i>			Father's Birthplace <i>Near Edgemont</i>				
Mother's Maiden Name <i>Berrie Ott</i>			Mother's Birthplace " "				
Name of person giving information <i>Keller G. Barbaugh</i>			How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

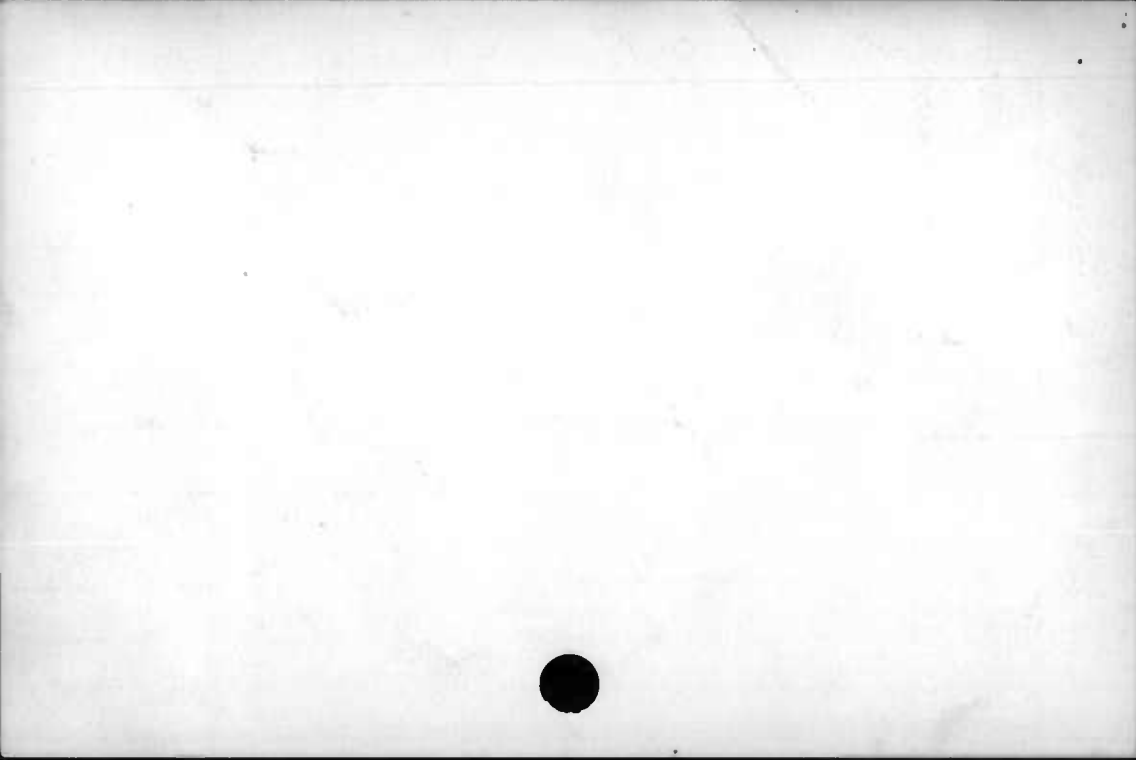
95

PHYSICIAN
OR CORONER

Primary	<i>Congestion of the Lungs</i>	How long	<i>About one week</i>
Immediate	<i>Pulmonary Edema</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Jos. Prohman</i>	
		Address <i>Smithsburg Md.</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>		
		Date of death <i>1907</i>	Month <i>6</i>	Day <i>25</i>	Age <i>72</i>	Years	Months <i>10</i>	Days <i>25</i>
		Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Perma.</i>			
		Occupation <i>Table-maker</i>		Where Residing if not at place of death				
		Married, Single or Widowed <i>widower</i>	Name of Wife <i>Harriett D. Harman</i>					
PHYSICIAN OR CORONER		Father's Name <i>John F. Harman</i>		Father's Birthplace <i>Perma</i>				
		Mother's Maiden Name <i>Lidia V. last name not known</i>		Mother's Birthplace <i>"</i>				
		Name of person giving information <i>J. F. Harman</i>		How related to deceased <i>son</i>				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Chronic Endocarditis - Nephritis</i>				How long <i>2-3 years</i>		
		Immediate <i>Exhaustion</i>				How long <i>2-3 months</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. Prater Miller</i>				
				Address <i>Hagerstown Md</i>				
		Accident or Suicide? <i>no</i>						



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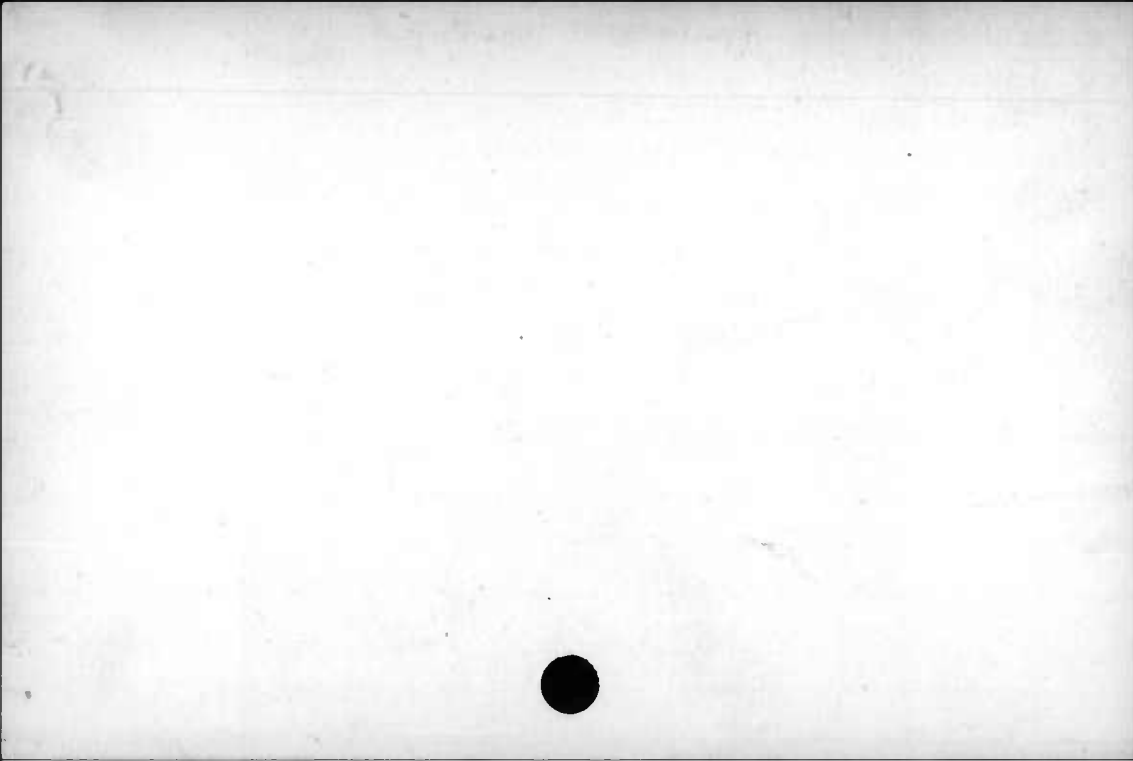
Died at <i>Tilghmanston</i> Town		<i>Washington</i> County		MARYLAND							
Date of death	1907	Month	6	Day	21	Age	2	Years	Months	Days	8
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Tilghmanston</i>				
Occupation	<i>_____</i>		Where Residing if not at place of death		<i>_____</i>						
Married, Single or Widowed	<i>_____</i>		Name of Wife or Husband <i>_____</i>								
Father's Name	<i>William Hays</i>					Father's Birthplace	<i>Tilghmanston</i>				
Mother's Maiden Name	<i>Marion Hays</i>					Mother's Birthplace	<i>Washington</i>				
Name of person giving information	<i>William Hays</i>					How related to deceased	<i>Brother</i>				

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>3 weeks</i>
Immediate	<i>croup</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. M. Reichard</i>
		Address	<i>Fairplay</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

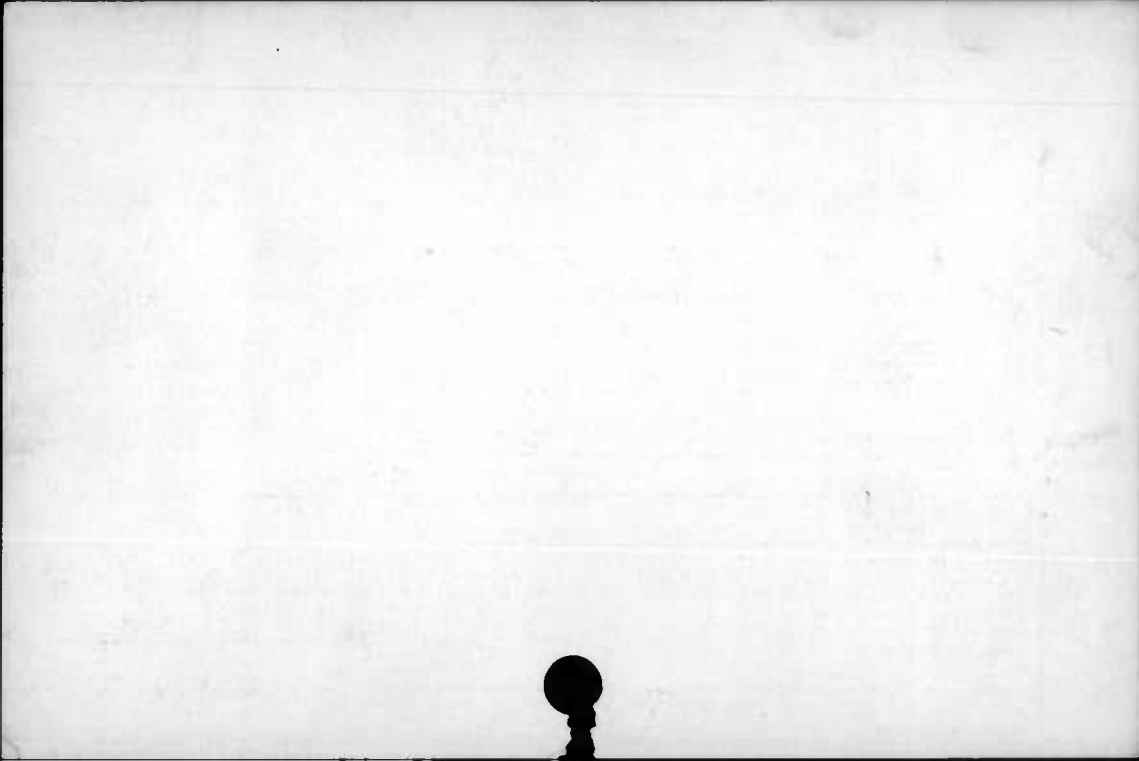
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hancock</i>		Town <i>Washington</i>		County		MARYLAND							
Date of death <i>1907</i>		Month <i>June</i>		Day <i>24</i>		Age <i>88</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wash Co Md</i>									
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Died at home</i>											
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>William Henry Hayward</i>											
Father's Name <i>Eli Senoon</i>		Father's Birthplace <i>Not known</i>											
Mother's Maiden Name <i>Betsy Howard</i>		Mother's Birthplace <i>" "</i>											
Name of person giving information <i>William Hayward</i>		How related to deceased <i>Nephew</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>154</i>		How long	
Immediate		<i>old age</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Shyers</i>		Address <i>Hancock, Md.</i>	
Accident or Suicide?					



7/9/67

2

1/4

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		June	9	18		9	9
Sex	Male		Color or Race	Colored		Birth-place	Sharpsburg
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	David Herbert					Father's Birthplace	Prince Geo. Co. Md.
Mother's Maiden Name	Fannie Hogg					Mother's Birthplace	Sharpsburg
Name of person giving information	David Herbert					How related to deceased	Factor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	About 2 wks.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. M. Garrett,
			Address	Sharpsburg, Md.
Accident or Suicide?				

Chas. S. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sharpburg <small>Town</small>		Washington <small>County</small>		MARYLAND	
Date of death 1907	June <small>Month</small>	13 <small>Day</small>	Age 80 <small>Years</small>	1 <small>Months</small>	16 <small>Days</small>
Sex Male	Color or Race White		Birth-place Sharpburg		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed Married	Name of Wife or Husband Elizabeth Trainor				
Father's Name John Highburger	Father's Birthplace Sharpburg Md				
Mother's Maiden Name Mary Mc Gowan	Mother's Birthplace Washington				
Name of person giving information Wm J. Highburger			How related to deceased Son		

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long	years
Immediate	Indigestion	How long	Severe days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. M. Gault	
		Address	
		Sharpburg, Md.	
Accident or Suicide?			

Chas. S. Wade
Undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Herman Hose		Town Augusta		County Washington		MARYLAND	
Died at Augusta		Month June		Day 3		Years 14	
Date of death 1907		Months —		Days —			
Sex Male		Color or Race White		Birth-place MD			
Occupation Ground boy		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Alexandria Hose		Father's Birthplace Pa					
Mother's Maiden Name Nettie Drury		Mother's Birthplace Pa					
Name of person giving information Herman Hose		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart trouble	(79)	How long same weeks
Immediate Heart trouble		How long long weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Chas. D. Bogle MD	Address Kagerstown MD
Accident or Suicide?		

at present
R. H. Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Mar Dargan</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>June</i>	Day	<i>3</i>
Age	<i>39</i>	Years	<i>3</i>	Months	<i>26</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Dargan</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Silas Jamison</i>		
Father's Name	<i>Samuel Wilson</i>		Father's Birthplace	<i>Sharpsburg</i>	
Mother's Maiden Name	<i>Mary Hagerty</i>		Mother's Birthplace	<i>Wagnerboro, Pa</i>	
Name of person giving information	<i>Silas Jamison</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease from Rheumatism</i>		How long	<i>17 years to my knowledge</i>
Immediate	<i>Heart Failure</i>		How long	<i>a short time</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>S. H. Gundersen</i>		
Address		<i>Sharpsburg Md</i>		
Accident or Suicide?				

Chas. S. Wade
Under Treasurer

Name
in
Full

Bertha R Jerme

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

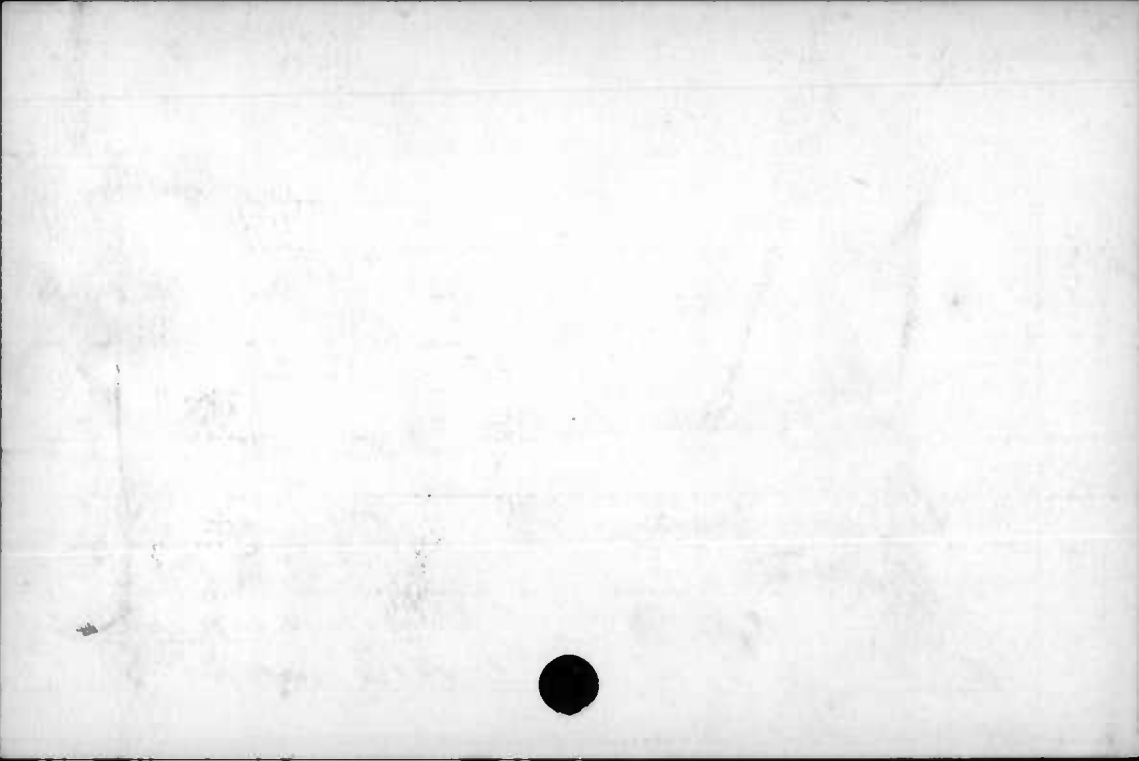
Died at <i>Williamstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	6	Day	1
Age	8	Years	10	Months	2
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Vermont</i>
Occupation	<i>Child</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Y. M. Jerme</i>	Father's Birthplace <i>Vermont</i>			
Mother's Maiden Name	<i>Laura A. Graham</i>	Mother's Birthplace <i>New Hampshire</i>			
Name of person giving information	<i>Y. M. Jerme</i>	How related to deceased <i>Father</i>			


CAUSES OF DEATH

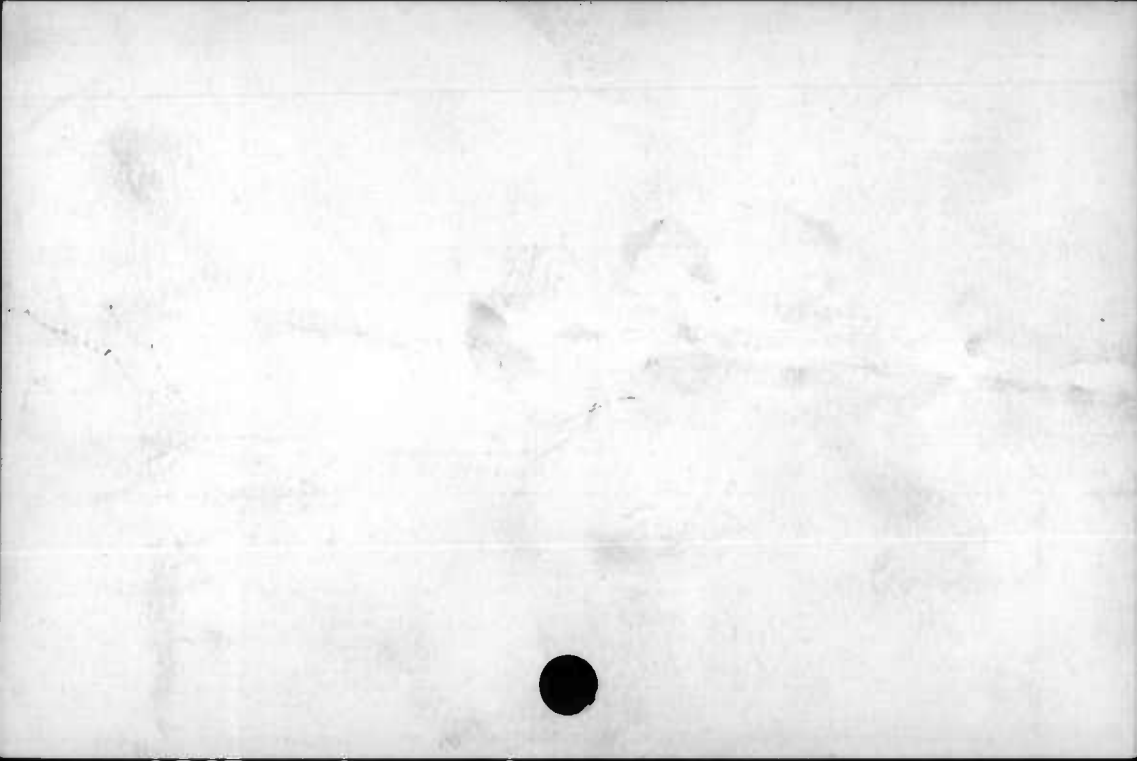
(61)

PHYSICIAN
OR CORONER

Primary	<i>Special Meningitis following Typhoid</i>	How long	<i>Three weeks</i>
Immediate	<i>Brain Abscess</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. B. Richardson</i>	
		Address <i>Williamstown Md.</i>	
Accident or Suicide?			



Name in Full		John Linie				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagerstown		County Washington		MARYLAND		
	Date of death		1907	Month June	Day 20	Age	Years 82	Months 6	Days 14
	Sex		Male		Color or Race		White		Birth-place
	Occupation		Retired		Where Residing if not at place of death		Baltimore Md		
	Married, Single or Widowed		Widower		Name of Wife or Husband		Ann Rebecca		
	Father's Name		Jacob Linie		Father's Birthplace		Md		
	Mother's Maiden Name		Nicodemus		Mother's Birthplace		Md		
	Name of person giving information		E. E. Stutzell		How related to deceased		Nephew.		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">79</div>									
PHYSICIAN OR CORONER	Primary		Acute Cardiac Dilatation				How long		48 hours
	Immediate		Pulmonary Congestion				How long		36 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. M. Reichard		
					Address		Fairplay		
<div style="text-align: center;">  </div>									



Name
in
Full

Miss Vernie M. Lowery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Hagerstown		County Wash.		MARYLAND	
Date of death	1907	Month	6	Day	20
Age	16	Years	16	Months	—
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	James Lowery	Father's Birthplace Md.			
Mother's Maiden Name	Lidia A. Ditlow	Mother's Birthplace - " -			
Name of person giving information	James Lowery	How related to deceased father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	2 yrs
Immediate	"	How long	32 mo's
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm. H. Miller	
Address		Hagerstown Md	
Accident or Suicide?			

Cearfoss, Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Lyles*

Died at *Hopkinton* ^{Town} *Washington* ^{County} *MARYLAND*

Date of death | 90 *7* Month *6* Day *28* Age *73* Years Months *4* Days *21*

Sex *Male* Color or Race *Colored* Birth-place *md*

Occupation *Laborer* Where Residing if not at place of death *md*

Married, Single or Widowed *Married* Name of Wife or *Charlotte Lyles*

Father's Name *Jerome Lyles* Father's Birthplace *md*

Mother's Maiden Name *Mrs. Mrs. Lyles* Mother's Birthplace *md*

Name of person giving information *Charlotte Lyles* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

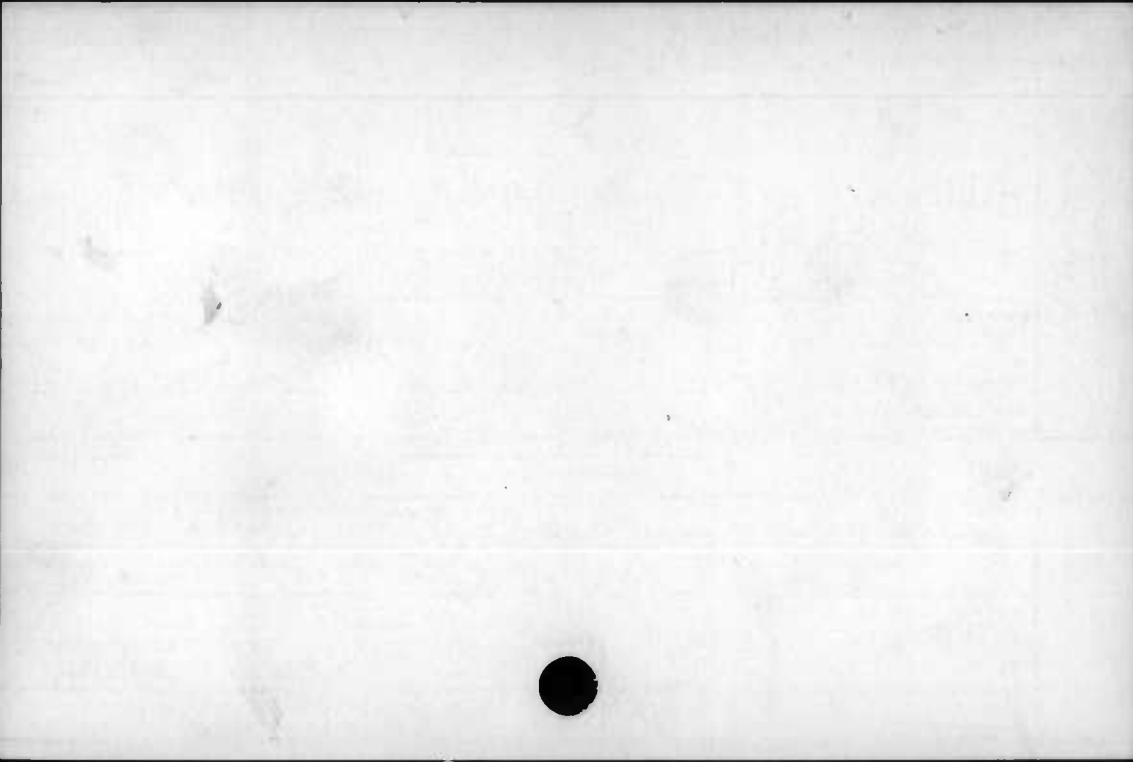
Primary *Asphyxia* **(97)** How long *18 yrs.*

Immediate *Heart Failure* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. C. Schuler*

Address *md*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dr. C. E. S. McKee

Town *Hagerstown* County *Wash.* MARYLAND

Died at *Hagerstown*

Date of death 190 *4* Month *6* Day *30* Age *71* Years Months *4* Days *26*

Sex *male* Color or Race *white* Birth-place *Ind.*

Occupation *Retired Physician* Where Residing if not at place of death

Married, Single or Widowed *widower* Name of Wife *Alice S. McKee*

Father's Name *James B. McKee* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary Bender* Mother's Birthplace *"*

Name of person giving information *R. D. McKee* How related to deceased *son*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Endocarditis Nephritis* How long *years*

Immediate *apoplexy* How long *a few minutes*

Are the name, age, sex, color, date and place correctly given above *yes*

Signature of Physician *W. Preston Miller* Address *poplarville ind*

Accident or Suicide?

Sater

Name
in
Full

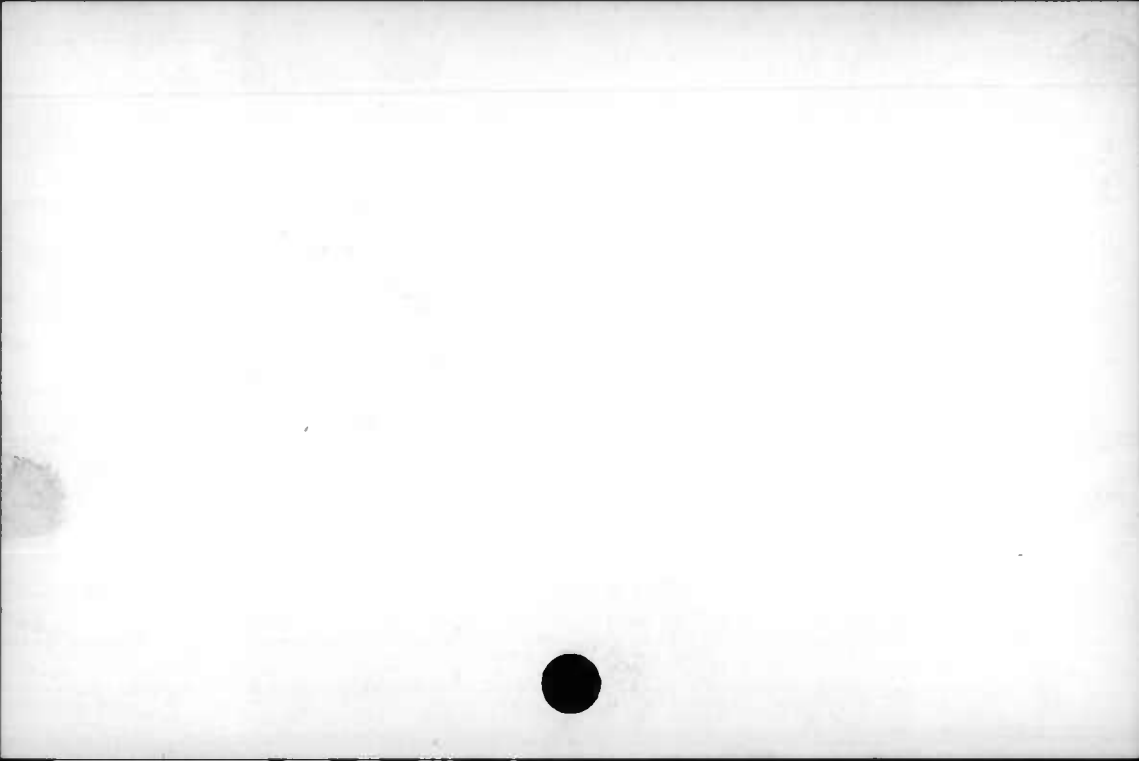
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marguerite Mariarty</i>		Town <i>Waverly</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Waverly</i>		Month <i>June</i>		Day <i>17</i>		Age <i>—</i>	
Date of death <i>1907</i>		Month <i>June</i>		Day <i>17</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Waverly</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>at home</i>		Years <i>—</i>		Days <i>5</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Years <i>—</i>		Days <i>5</i>	
Father's Name <i>John W. Mariarty</i>		Mother's Maiden Name <i>Nellie Martin</i>		Father's Birthplace <i>Virginia</i>		Mother's Birthplace <i>Washington</i>	
Name of person giving Information <i>John W. Mariarty</i>		How related to deceased <i>father</i>		Years <i>—</i>		Days <i>5</i>	
CAUSES OF DEATH							
Primary <i>Cholera Infantum</i>				How long <i>2 days</i>			
Immediate <i>Inanition</i>				How long <i>2 days</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>A. L. Blessing</i>			
				Address <i>Brownsville</i>			
Accident or Suicide? <i>No</i>							

105

PHYSICIAN
OR CORONER



Name
in
Full

Catharine Fouch Martin

CERTIFICATE OF DEATH

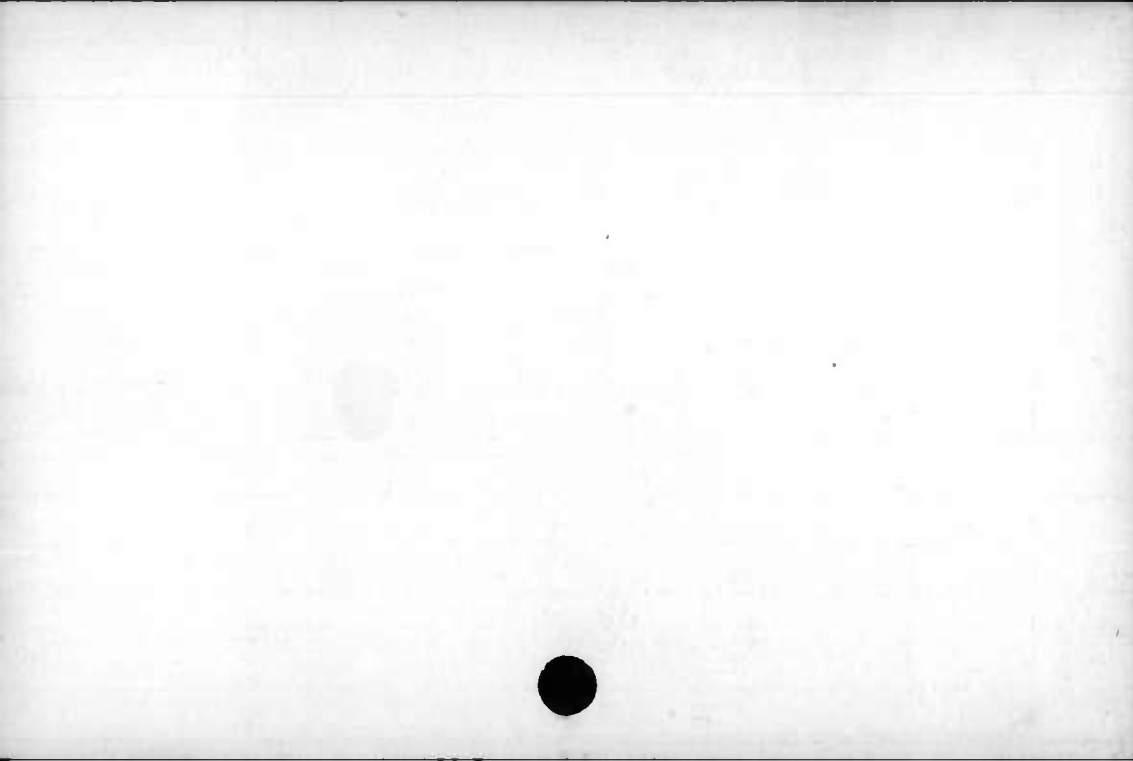
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bromsville		County Washington		MARYLAND		
Date of death		1907	Month 6	Day 2	Age 41	Years	Months 2	Days
Sex Female		Color or Race White		Birth- place Md				
Occupation Housewife		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband John J. Martin						
Father's Name David Fouch		Father's Birthplace Md						
Mother's Maiden Name Matilda Morris		Mother's Birthplace Md						
Name of person giving in formation J. J. Martin		How related to deceased Husband						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown	How long	179	How long	Sudden
Immediate					
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		J. J. Youtter			
Address		Bromsville Md			
Accident or Suicide?					



Name
in
Full

Mrs. Ida V. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>4</i>	Age <i>52</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Penn.</i>		
Occupation <i>H. W.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Husband <i>William A. Miller</i>				
Father's Name <i>Norris C. Sutton</i>	Father's Birthplace <i>Penn.</i>				
Mother's Maiden Name <i>Margaret Bear</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Wm A. Miller</i>	How related to deceased <i>husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Debility</i>	How long <i>95</i>	How long <i>Ten days</i>
Immediate <i>Acute pneumonia</i>	How long <i>Ten days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician	Address <i>Ans. R. Boyle</i>
Accident or Suicide?		

© Wm Suter & Son

Name
in
Full

Michael Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hagerstown^{County} Wash.

MARYLAND

Date
of death 1907

Month 6

Day 14

Age 95

Years

Months 5

Days

Sex male

Color or
Race

white

Birth-
place

md.

Occupation

Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

widower

Name of Wife or
Husband

Christiana S. Miller

Father's
Name

Daniel Miller

Father's
Birthplace

md.

Mother's
Maiden Name

Catherine Frank

Mother's
Birthplace

"

Name of person giving
information

Mrs J. C. Rickard

How related
to deceased

daughter

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

nephritis - Endocarditis

How long

years

Immediate

Apoplexy, Cerebral

How long

minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. C. Rickard Miller

Hagerstown md

Accident or Suicide?

M. J. Harrison



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

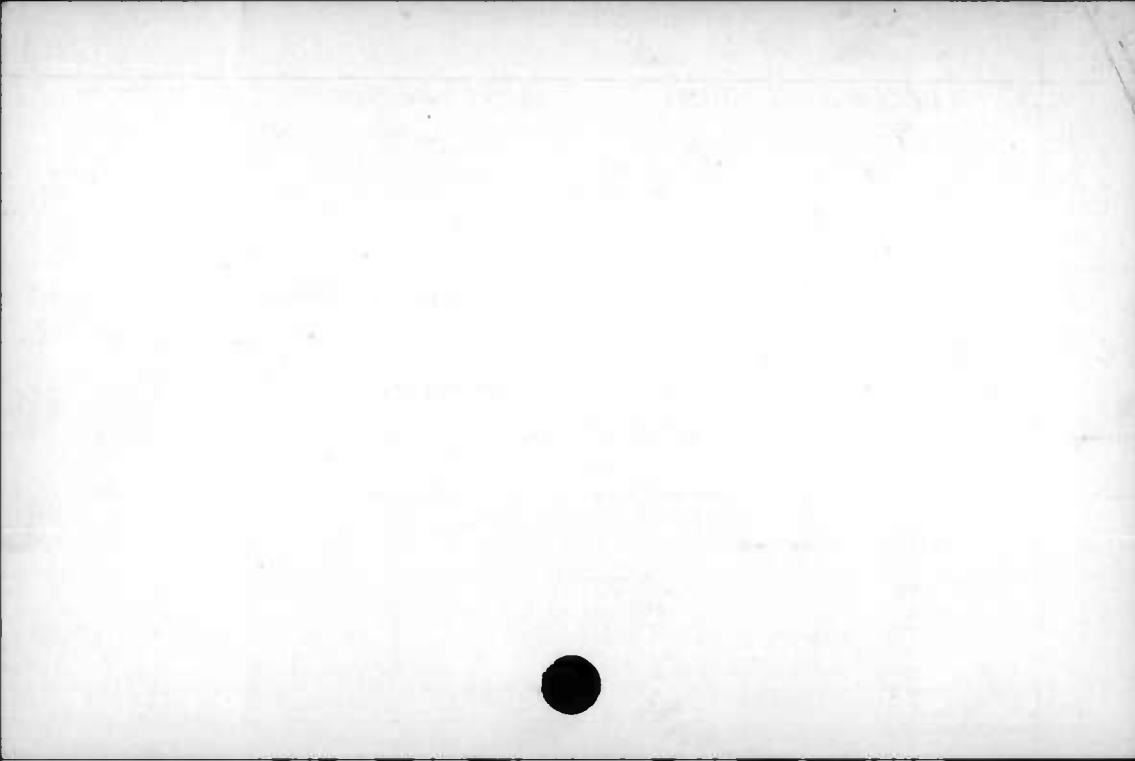
Died at <i>Tilghmanton</i> Town <i>Hash</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>June</i> Day <i>6</i> Age <i>—</i> Years Months Days <i>12</i>	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Tilghmanton</i>
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Shelby Moats</i>	Father's Birthplace <i>Tilghmanton</i>		
Mother's Maiden Name <i>Lillie Kitzmiller</i>	Mother's Birthplace <i>Fairplay, Md.</i>		
Name of person giving information <i>Shelby Moats</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

(71)

PHYSICIAN
OR CORONER

Primary <i>convulsions</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. M. Richard</i>
	Address <i>Fairplay.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellevue Mills</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	6	Day	24	Age	30
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Tilghman</i>		Months <i>1</i> Days <i>1</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Tilghman</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frank Inval</i>					
Father's Name <i>George B Inval</i>		Father's Birthplace <i>Tilghman</i>					
Mother's Maiden Name <i>Susan Fitch</i>		Mother's Birthplace <i>Tilghman</i>					
Name of person giving information <i>Frank Inval</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Suicide?

62.



Name

Anna M. Mose

CERTIFICATE OF DEATH

Virginia
MarylandTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i>		Town		County	
Date of death	<i>1907</i>	Month	<i>June</i>	Day	<i>27</i>
Age	<i>70</i>				
Sex	<i>Female</i>	Color of Race	<i>White</i>		
Occupation			Birth-place	<i>Sharpsburg</i>	
Where Residing if not at place of death			<i>Sharpsburg</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>William Mose</i>			Father's Birthplace	<i>Sharpsburg</i>
Mother's Maiden Name	<i>Ann M. Painter</i>			Mother's Birthplace	"
Name of person giving information	<i>Cora Seaman</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Obstruction of Cerebral arteries</i>	How long	<i>60 days</i>
Immediate	<i>Hemiplegia</i>	How long	<i>30 days</i>
Are the name, age, sex, color, etc. and place correctly given above?		Signature of Physician	
		<i>A. J. Lemaster M.D.</i>	
		Address	
		<i>Bedington</i>	
Accident or Suicide?			

Chas. S. Wade
pledgestake &

Name
in
Full

CERTIFICATE OF DEATH

Henry Oswald

TO BE ANSWERED BY
NEAREST FRIEND

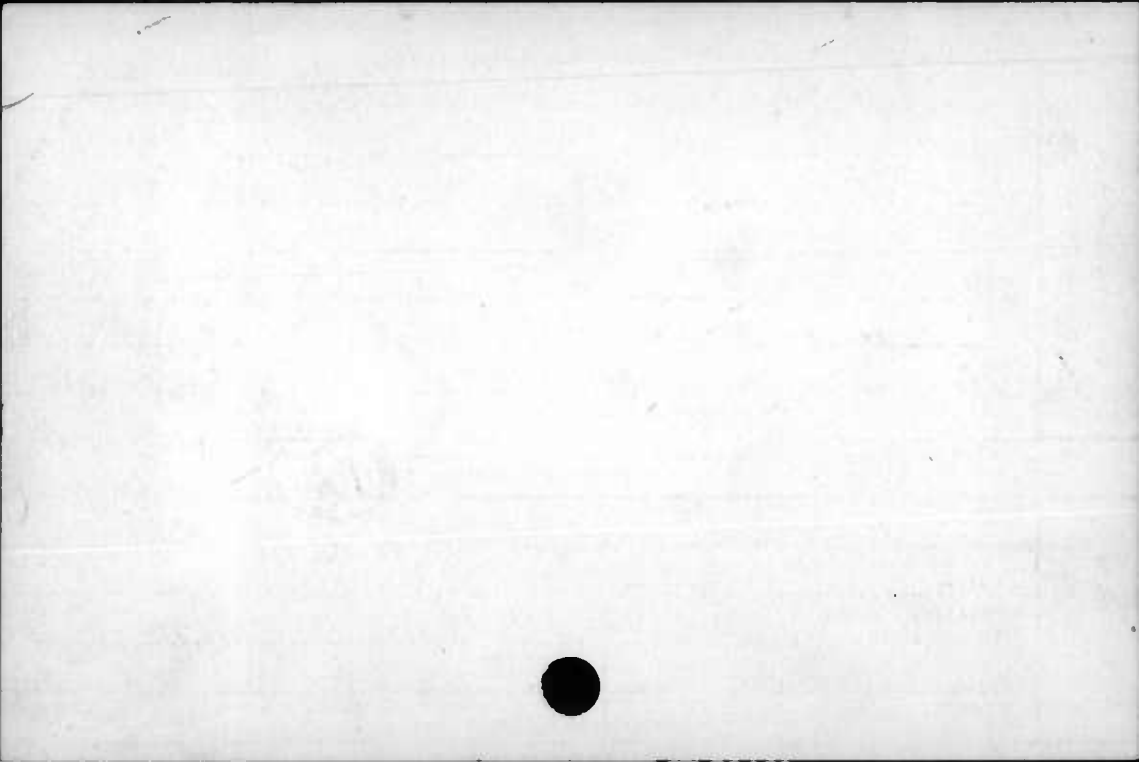
Died at ^{Town} <i>Smithsburg</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1907	Month	6	Day	2
Age		Years		Months	Days
Sex	<i>male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Smithsburg</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Lee A. Oswald</i>		
Mother's Maiden Name			<i>Ethel Nora Harbaugh</i>		
Name of person giving information			<i>Father</i>		
Father's Birthplace			<i>Smithsburg</i>		
Mother's Birthplace			<i>Careade</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Accidents Birth</i>	How long	<i>2 hours</i>
Immediate	<i>Weakness</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. Y. Jarboe</i>	
Address		<i>Smithsburg Md</i>	
Accident or Suicide?			



Name
in
Full

Mary Oswald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Smithsburg* ^{County} *Washington* **MARYLAND**

Date of death *1907* Month *6* Day *2* Age *—* Years *—* Months *—* Days *5*

Sex *female* Color or Race *white* Birth-place *Smithsburg*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Les A Oswald* ✓ Father's Birthplace *Smithsburg*

Mother's Maiden Name *Ethel Nora Harbaugh* Mother's Birthplace *Causeville Md*

Name of person giving information *Father* How related to deceased *—*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Myocardial Infarction* How long *5 days*

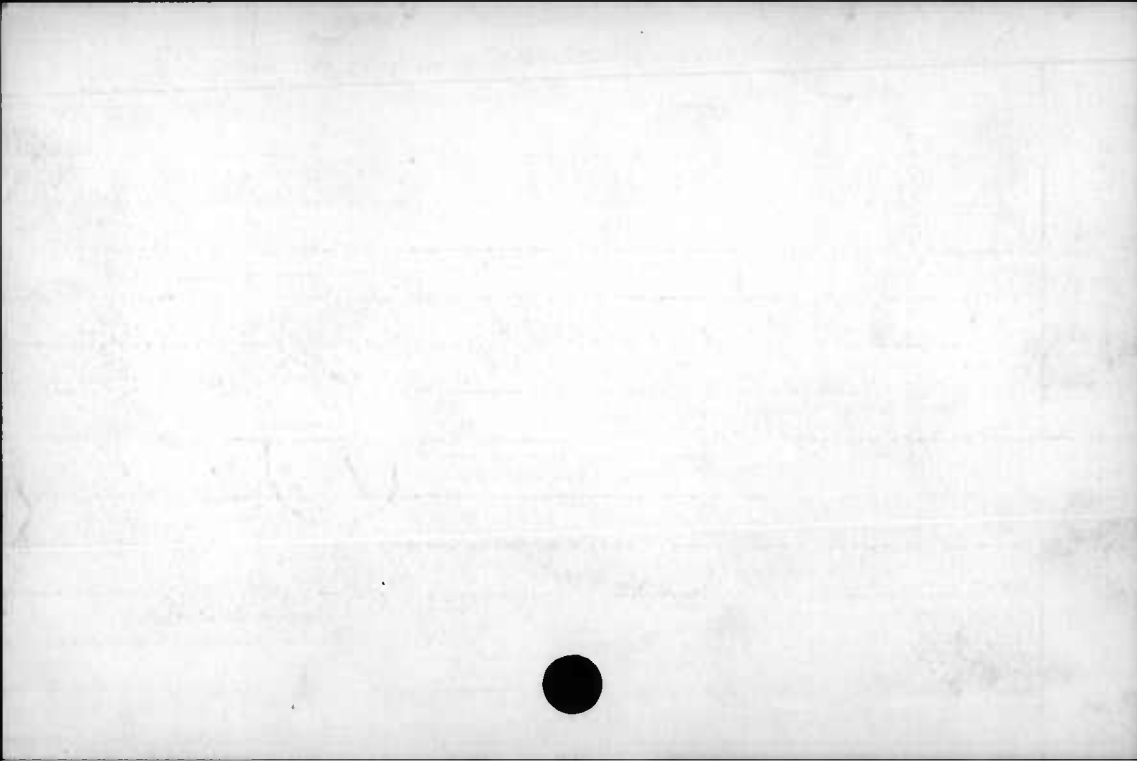
Immediate *Weakness* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. L. Jarboe*

Address *Smithsburg Md*

Accident or Suicide? *—*



Name
in
Full

Still Born Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>June</i> ^{Day}	<i>17</i> ^{Age}	<i>-</i> ^{Years}	<i>-</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>md</i>
Occupation	<i>Child</i>		Where Residing if not at place of death		
Married Single <i>Single</i>	Name of Wife or Husband				
Father's Name	<i>Joseph Cavers</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Hattie Brooks</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Joseph Cavers</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>-</i>
Immediate	<i>yes</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. R. Scheen</i>
		Address	
Accident or Suicide? <i>-</i>			

Harway Md,

Name

In Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *John Porter*
Bloss Spring Town*Wash* CountyDate of death *1907* JuneDay *4*Age *15* YearsMonths *8*Days *19*Sex *Male*Color or Race *Colored*Birth-place *Ind*Occupation *Unknown*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

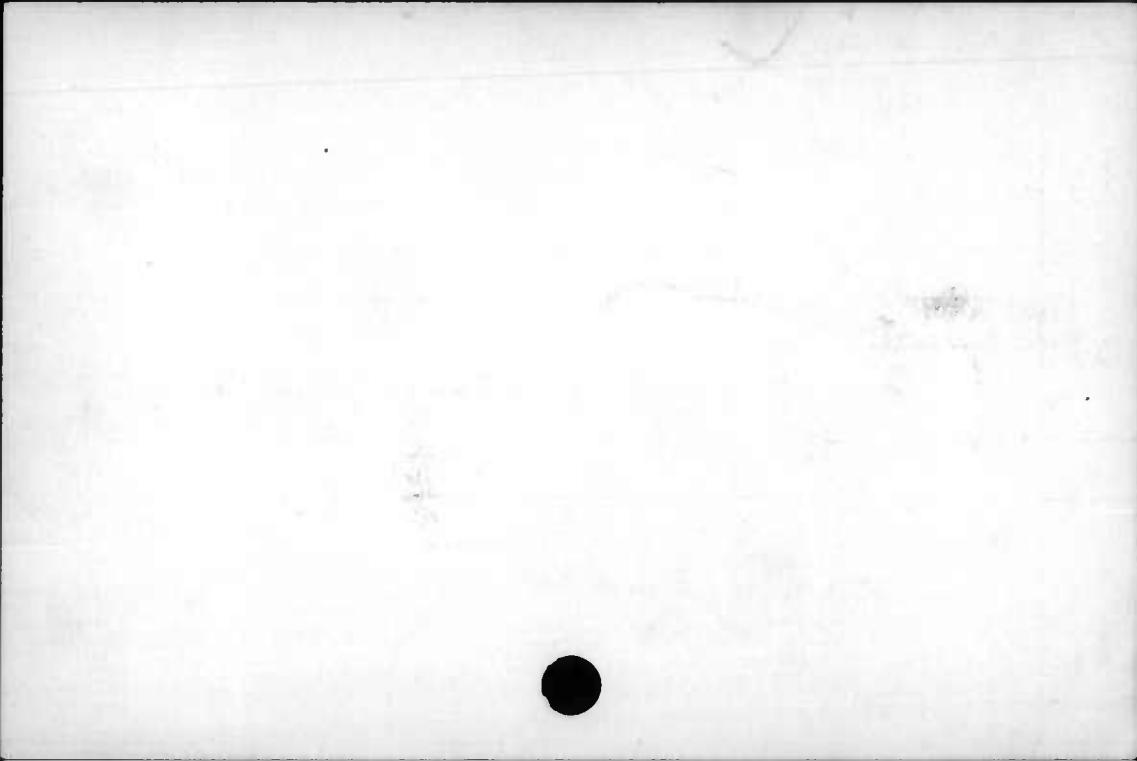
Father's Name *Anthony Porter*Father's Birthplace *Ind*Mother's Maiden Name *Irene Miller*Mother's Birthplace *Ind*Name of person giving information *Father Anthony Porter*How related to deceased *Father*

CAUSES OF DEATH

Primary *Mitral Regurgitation of Heart*How long *14 Weeks*Immediate *Gradual Heart Failure*How long *11*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. P. Perry*Address *Bloss Spring Ind*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *unnamed Child* *Ramsburg* *Worthington*
Town County
Died at
Date of death *1907* Month *6* Day *19* Age *—* Years *—* Months *—* Days *2*
Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *Child* Where Residing if not at place of death
~~Married, Single or Widowed~~ ~~Name of Wife or Husband~~
Father's Name *Harry K. Ramsburg* Father's Birthplace *MD*
Mother's Maiden Name *Leatharine Morgan* Mother's Birthplace *MD*
Name of person giving information *Harry K. Ramsburg* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *5 1/2 mo's* *MD* *151* How long *—*
Immediate *Acute Inflammation* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

6/22

Name
in
Full

Amanda M. Renner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Williamsport</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1907	Month	6	Day	27	Age	57
Sex	Female	Color or Race	White	Months	11	Days	2
Birthplace	Washington Co						
Occupation	House Wife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband <i>Abraham F. Renner</i>			
Father's Name	<i>Joseph W. Smith</i>			Father's Birthplace <i>Washington Co</i>			
Mother's Maiden Name	<i>Eliy Broquiner</i>			Mother's Birthplace <i>11</i>			
Name of person giving information	<i>Abraham Renner</i>			How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	(27)	How long	<i>Three years</i>
Immediate	<i>Prostration</i>		How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>W. S. Richardson</i>		
Address		<i>Williamsport Md</i>		
Accident or Suicide?		<i>No</i>		

Dr. Hoffinger
Hagerman

Name
in
Full

Catharine Anna Rhoades

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

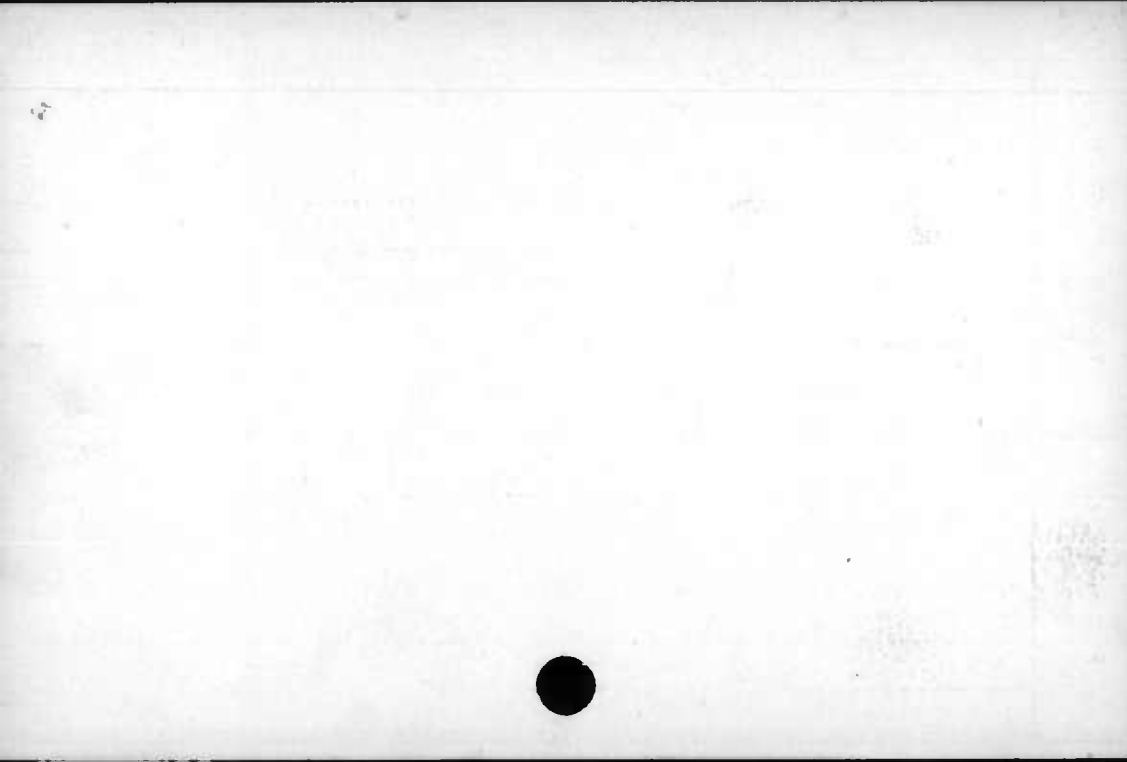
Died at		Town Fredericktown		County wash		MARYLAND	
Date of death		Month 1907	Day 6	Age 21	Years 1	Months 11	Days —
Sex female		Color or Race white		Birth-place Md.			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name Joshua S. Rhoades		Father's Birthplace Va					
Mother's Maiden Name Elsie Rolston		Mother's Birthplace Md.					
Name of person giving information J. D. Rhoades		How related to deceased father					

CAUSES OF DEATH

(71)

PHYSICIAN
OR CORONER

Primary	Spasms	How long	12 hours
Immediate	Paralysis of heart	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. J. Murgind	
		Address	
		Fredericktown	
		Md.	
Accident or Suicide?			



Name
in
Full

C. M. Rhodes

CERTIFICATE OF DEATH

N. Carolina
MARYLAND

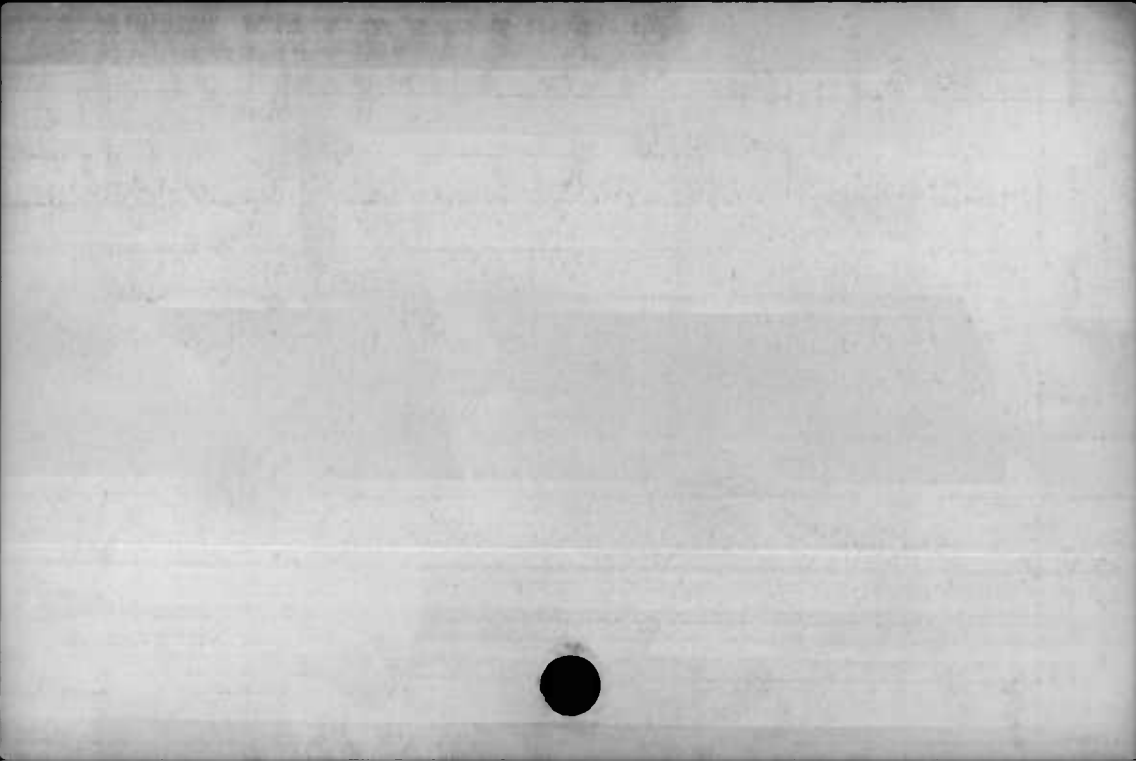
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Alto Pass</u> Town		<u>Washington</u> County			
Date of death	<u>1907</u>	Month	<u>June</u>	Day	<u>23</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Age	<u>40</u>
Occupation	<u>Laborer</u>	Birth-place	<u>Clear Spring</u>	Months	
Where Residing if not at place of death		<u>_____</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Dallas M. Rhodes</u>		Father's Birthplace	
Mother's Maiden Name		<u>Sofia Moore</u>		Mother's Birthplace	
Name of person giving information		<u>J. H. Rhodes</u>		How related to deceased	
				<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Asphixia Dynamite</u>	How long	<u>1 day</u>
Immediate	<u>Heart - Fleeby</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Geo A McBlaine</u>	
As per transit-Permit-		Address	
<u>Accident or Suicide?</u>		<u>Johnson City</u>	
		<u>Tenn</u>	



Name
in
Full

Henry W Sharnel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sharpsburg		County Washington		MARYLAND	
Date of death		1907	Month 6	Day 16	Age 82	Years	Months 19
Sex Male		Color or Race White		Birth- place Wm Do			
Occupation Shoemaker		Where Residing if not at place of death Sharpsburg Md					
Married, Single or Widowed		Name of Wife or Husband Amanda H Sharnel					
Father's Name Wm H Sharnel		Father's Birthplace Germany					
Mother's Maiden Name Elizabeth Pfenbarger		Mother's Birthplace Readyville					
Name of person giving In formation John Sharnel		How related to deceased Son					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	General break down from La Grippe	How long	About 4 months
Immediate	Paralysis	How long	About 7 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Gaudreau	
		Address Sharpsburg Md	
Accident or Suicide?			

L E Sumant Low

Name
in
Full

CERTIFICATE OF DEATH

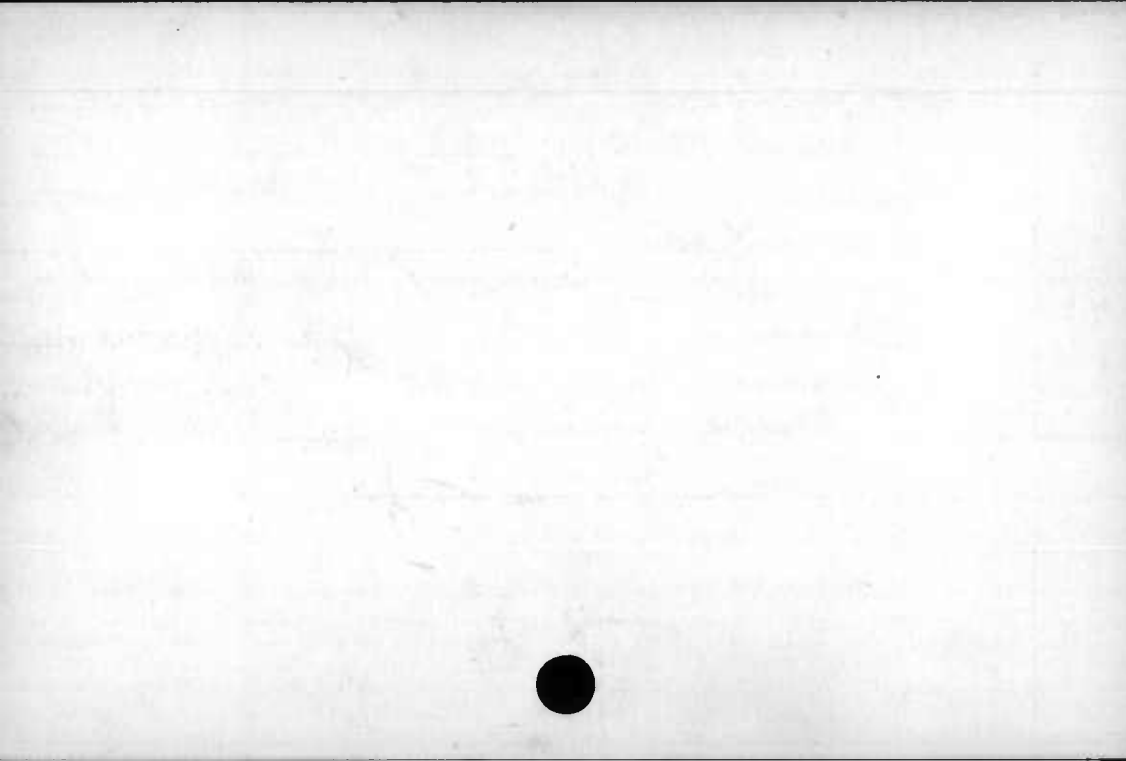
TO BE ANSWERED BY
NEAREST FRIEND

John Paul Shrank		Town Smithsburg		County Washington		MARYLAND	
Died at		Date of death		Age		Months	
1907		June		12 ⁴ 85		6 17	
Sex		Color or Race		Birth-place			
Male		White		Smithsburg			
Occupation		Where Residing if not at place of death					
Retired							
Married, Single or Widowed		Name of Wife or Husband					
Widower		Sarah Adams Shrank					
Father's Name		Father's Birthplace					
Adam Shrank		Smithsburg					
Mother's Maiden Name		Mother's Birthplace					
Barbara A. Wagley		Frederick Md					
Name of person giving information		How related to deceased					
Eleanora Shrank		Daughter					

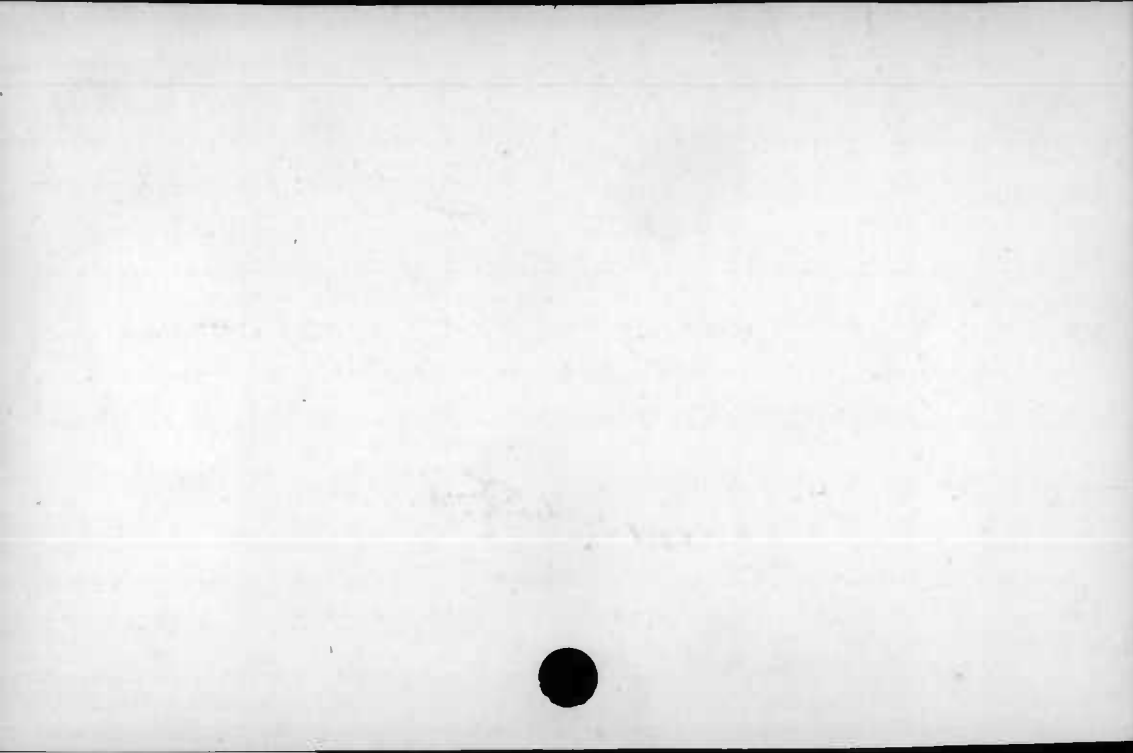
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	Several years
Immediate	Pulmonary Edema	How long	" days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. R. Rothenman
		Address	Smithsburg Md.
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Years	Months	Days
	Sex		Color or Race		Birthplace		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name William Cora Shubbart		Town Hagerstown		County Washington		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		February 16 th		25			
Sex Female		Color or Race White		Birth place Hagerstown Pa			
Occupation Bookkeeper		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name George Shubbart		Father's Birthplace Md.					
Mother's Maiden Name Alice Bowser		Mother's Birthplace Pa.					
Name of person giving information John Rice		How related to deceased Nephew					

CAUSES OF DEATH

Primary	Pneumonia (93)	How long	7 days
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician D. C. Miller M.D.	
		Address Hagerstown Pa.	
Accident or Suicide? <i>—</i>			

Middleburg, Pa,

Name
in
Full

CERTIFICATE OF DEATH

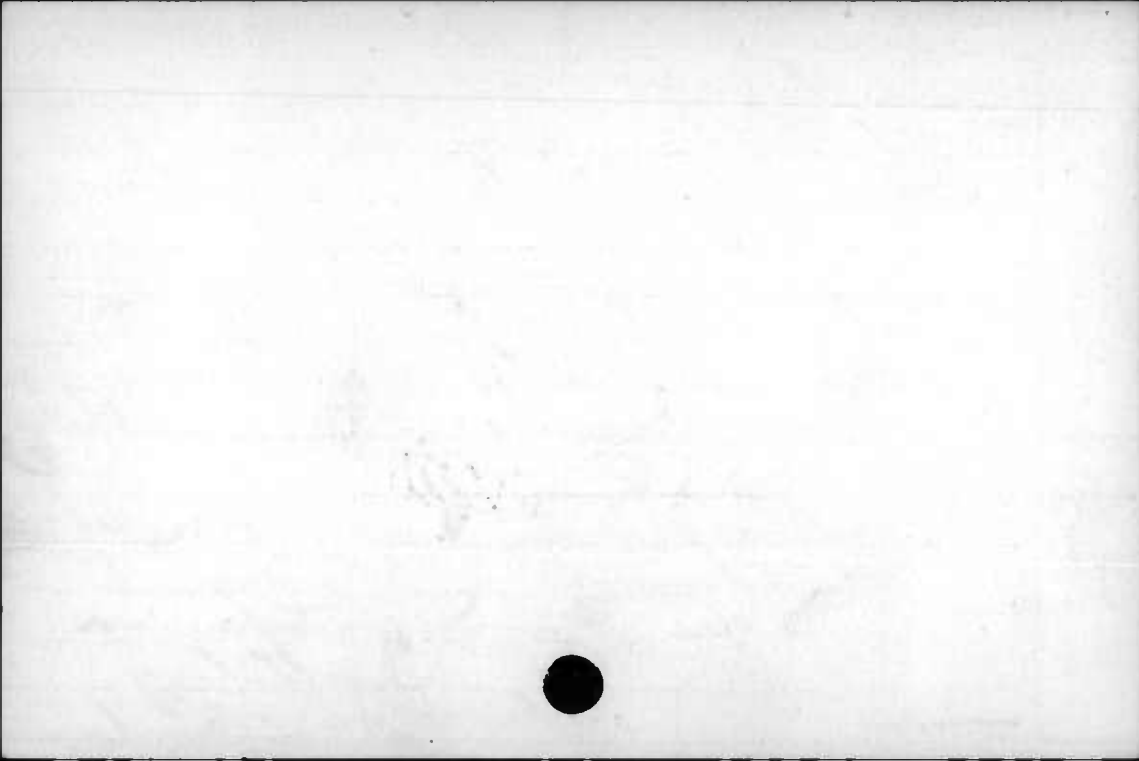
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garnett Mills</i>		Town <i>Garnett Mills</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>6</i>	Day <i>27</i>	Age <i>80</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ohio</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Thomas. Tucker</i>						
Father's Name <i>George Hardy</i>	Father's Birthplace <i>Ido</i>						
Mother's Maiden Name <i>Mary E. Edwards</i>	Mother's Birthplace <i>Ido</i>						
Name of person giving information <i>Edmund. Garrett</i>	How related to deceased <i>Nephew</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>177</i>
Immediate	<i>Dropsy - senile</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. F. Youster</i>
		Address	<i>Brownsville Maryland</i>
Accident or Suicide?	<i>No</i>		



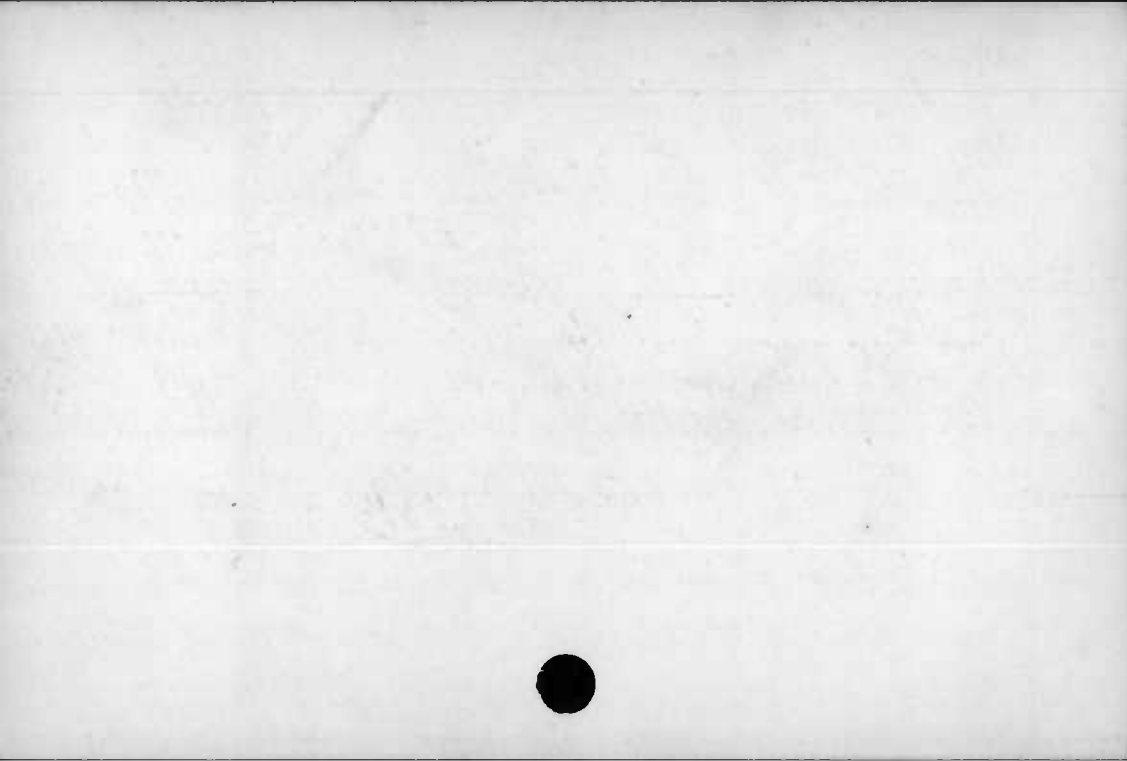
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Premature		Yell		County		MARYLAND	
Died at Smithsburg		Washington Co.		Years		Months	
Date of death 1907		Month 6		Day 3		Age 7	
Sex Male		Color or Race White		Birth-place Smithsburg		Days 1	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Victor M. Wheeler		Father's Birthplace Smithsburg					
Mother's Maiden Name Beulah M. Castle		Mother's Birthplace Harmony, Pa.					
Name of person giving information John W. Castle		How related to deceased Grandfather					

CAUSES OF DEATH

Primary	Premature Infant	(151)	How long	one day
Immediate	Heart failure		How long	Infant
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. W. S. Kefauver	
			Address Smithsburg Maryland	
Accident or Suicide?				



Name
in
Full

Susan E. Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frankstown		County Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		6	14	62	4	11	
Sex		Color or Race		Birth-place			
female		White		Frankstown			
Occupation		Where Residing if not at place of death					
House wife		Frankstown					
Married, Single or Widowed		Name of Wife or Husband					
Married		Samuel E. Wolf					
Father's Name		Father's Birthplace					
William		Frankstown					
Mother's Maiden Name		Mother's Birthplace					
Lavinia		Not Known					
Name of person giving information		How related to deceased					
Samuel Wolf		Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 weeks.
Immediate	Cerebral Embolism & infarct.	How long	one day.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. J. S. Newcomer.
		Address	Frankstown, Md.
Accident or Suicide?			

